

Name
in
Full

Sherman Gmble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

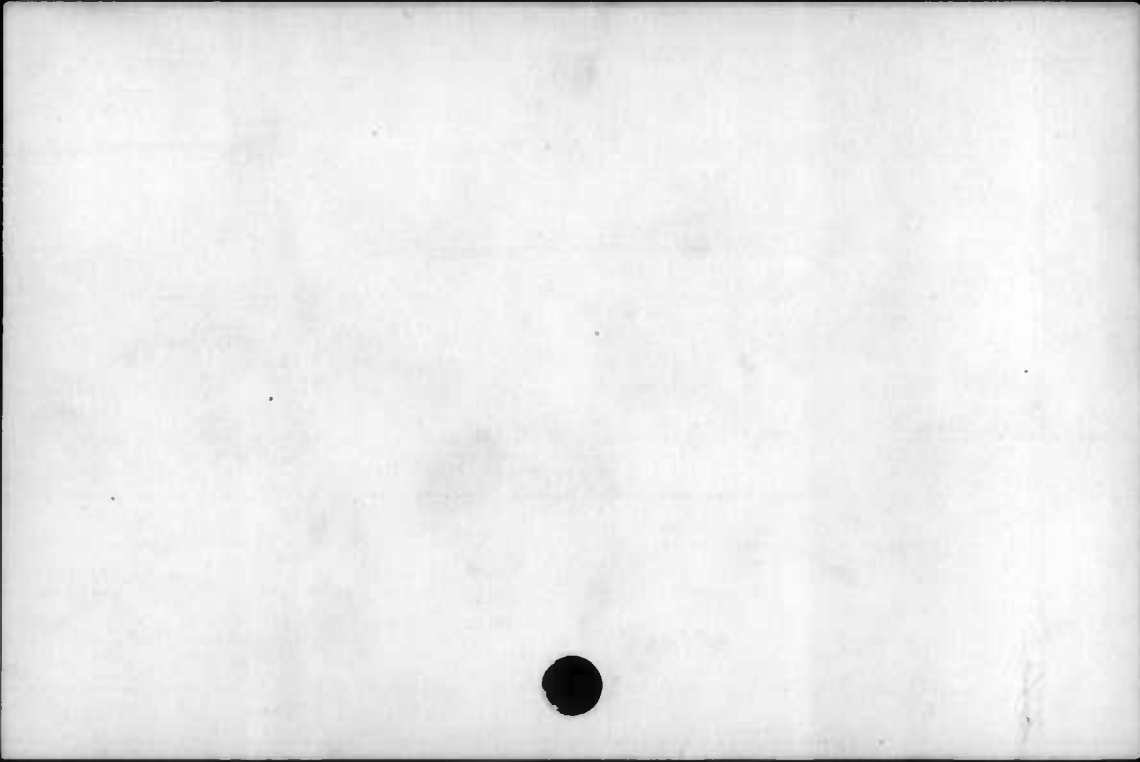
Died at		32d. Dist A.A.		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Sept.	29th	8	11	14	
Sex	male		Color or Race	col		Birth-place	3rd Dist A.A. Co Md
Occupation	School boy		Where Residing if not at place of death		3rd. Dist A.A. Co		
Married, Single or Widowed	single		Name of Wife or Husband		Not Wm		
Father's Name	Henry Gmble		Father's Birthplace		A.A. Co Md.		
Mother's Maiden Name	Florence Griffin		Mother's Birthplace		A.A. Co Md.		
Name of person giving information	Florence Griffin		How related to deceased		mother		

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	7 days
Immediate	Exhaustion from heart Failure		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. P. Keiper	
		Address	60 Cathedral St. Annapolis Md	
Accident or Suicide?				



Name
in
Full

George Asquith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>South River</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1908	Month	Sept	Day	12
Age		65		Years	
Sex		Male		Color or Race	White
Birth-place		Maryland			
Occupation		Farmer			
Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband	
				Mary Ireland	
Father's Name		Unknown		Father's Birthplace	
				Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace	
				Unknown	
Name of person giving information		John Callinan		How related to deceased	
				no relation	

CAUSES OF DEATH

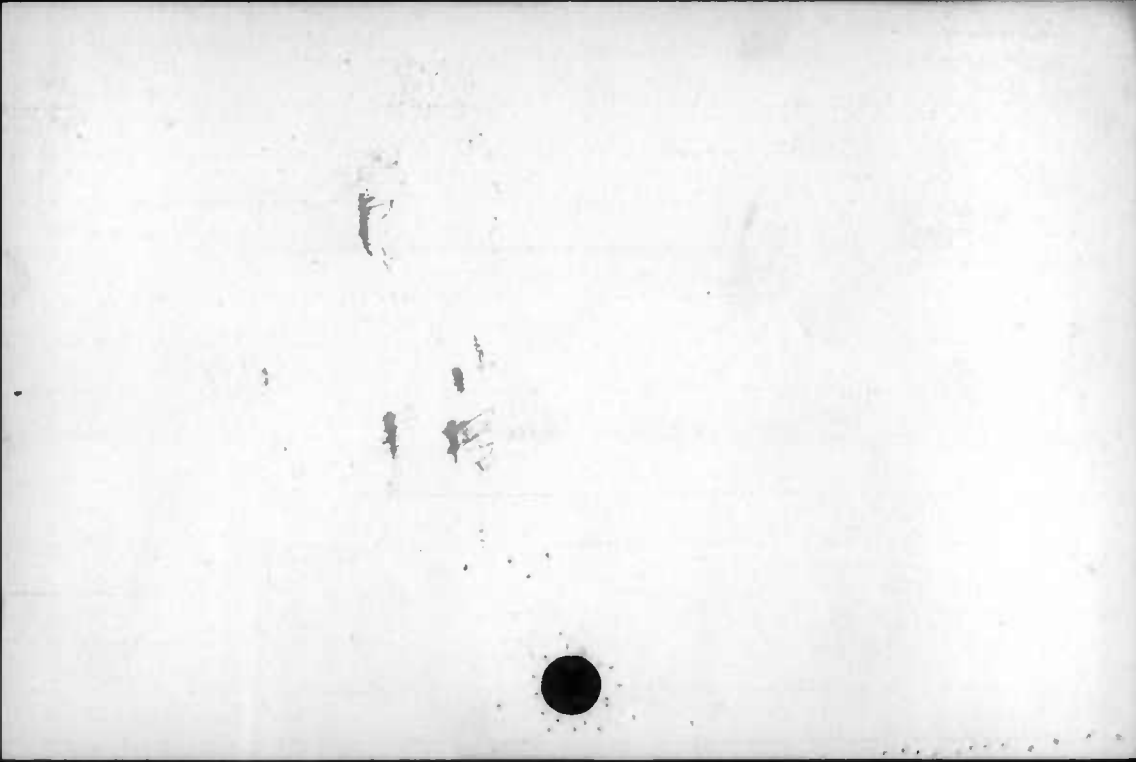
120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	1 year
Immediate	Dropsy	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Callinan
yes		Address	South River
Accident or Suicide?			Ad

O-70-10-16

Name in Full		Isaac. Barnett				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Age	
		Sex		Color or Race		Birth-place		Months	
		Occupation		Where Residing if not at place of death		Months		Days	
		Married, Single or Widowed		Name of Wife or Husband		Birth-place		Days	
		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
		Name of person giving information		How related to deceased		Birth-place		Days	
		CAUSES OF DEATH		104					
PHYSICIAN OR CORONER		Primary		How long					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

G. Robert Bell
Town

County

Date
of death 190

8 Sept 13
Month Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

A-A-60

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Annie Stinchcomb

Father's
Name

Unknown

Father's
Birthplace

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

Mrs. Susan Bell.

How related
to deceased

Sister-in-law

CAUSES OF DEATH

154

Primary

How long

Immediate

Infirmities of age

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

V. G. Williams, M.D.

Accident or Suicide



Name
in
Full

Shelborn Bedford Blackstone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

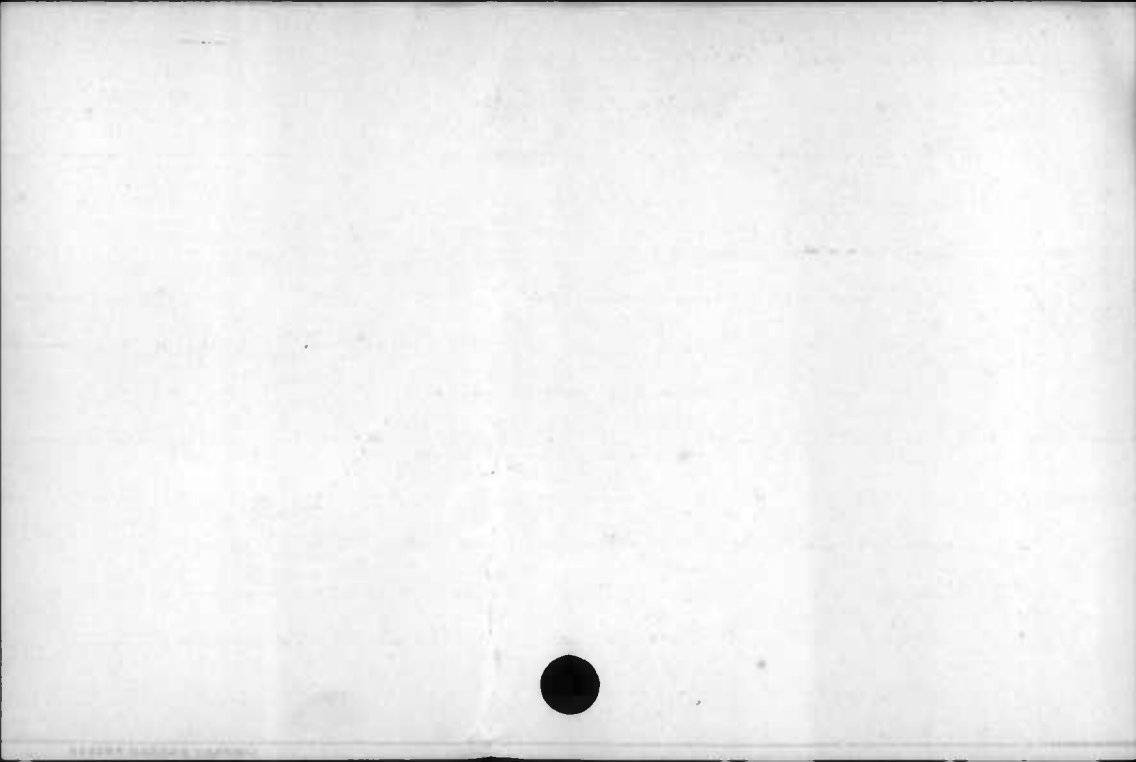
Died in <u>near Hainan</u> Town <u>Annebun del</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>September</u>	Day <u>25</u>	Age <u>Years</u> Months <u></u> Days <u></u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Hainan Md</u>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Henry Blackstone</u>	Father's Birthplace <u>A. Co Md</u>		
Mother's Maiden Name <u>Mary Daily</u>	Mother's Birthplace <u>A. Co Md</u>		
Name of person giving information <u>Henry Blackstone</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

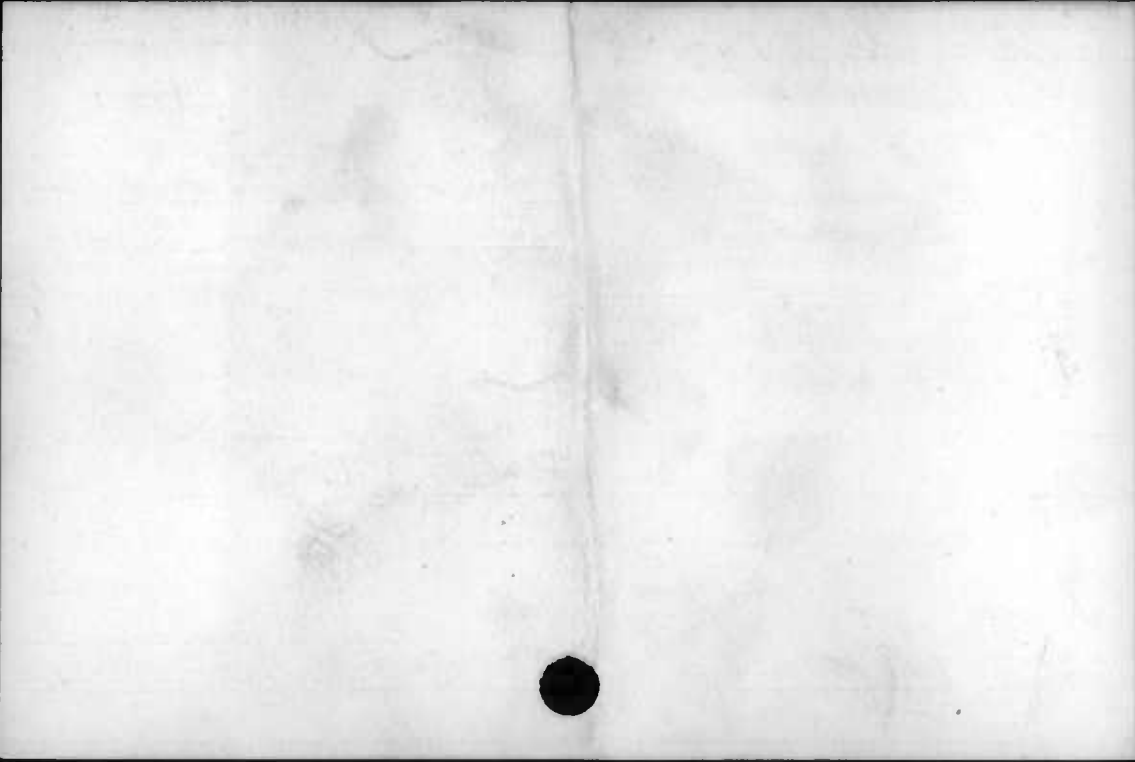
152

PHYSICIAN
OR CORONER

Primary <u>Strangulation during</u>	How long <u>10 minutes</u>
Immediate <u>Birth same</u>	How long <u>Same</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>T. R. Wilkinson</u>
	Address <u>Hanover Md</u>
Accident or Suicide? <u>No</u>	



Name in Full <i>Henry Edwings Brice</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>3rd St</i> Town		County <i>Adm.</i>
	Date of death <i>1908</i> Month <i>Sept</i> Day <i>21</i>		Age <i>18</i> Years Months Days
	Sex <i>Male</i>		Color or Race <i>White</i>
	Occupation <i></i>		Birth-place <i>St. Marys Md</i>
	Where Residing if not at place of death <i></i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>
	Father's Name <i>C. Carroll Brice</i>		Father's Birthplace <i>A. D. Co. Md</i>
Mother's Maiden Name <i>Lida Stuckey</i>		Mother's Birthplace <i>A. D. Co. Md</i>	
Name of person giving information <i>C. Carroll Brice</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Influenza</i>	How long <i>7 days</i>	
	Immediate <i>Heart Failure</i>	How long <i>A few hours</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Redout</i>	
		Address <i>Annapolis Md</i>	
	Accident or Suicide? <i></i>	<i>R. H. D. Hall</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Summation A. A.*Date of death *1908* Month *Sept* Day *4* Age *17* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *Summation*Occupation *Domestic* Where Residing if not at place of death *Summation Town*Married, Single or Widowed *Married* Name of Wife or Husband *Charlie Brown*Father's Name *Thomas Jones* Father's Birthplace *A. A. Co.*Mother's Maiden Name *Lacey Donnell* Mother's Birthplace *A. A. Co.*Name of person giving information *J. M. Minter* How related to deceased *Sister*

CAUSES OF DEATH

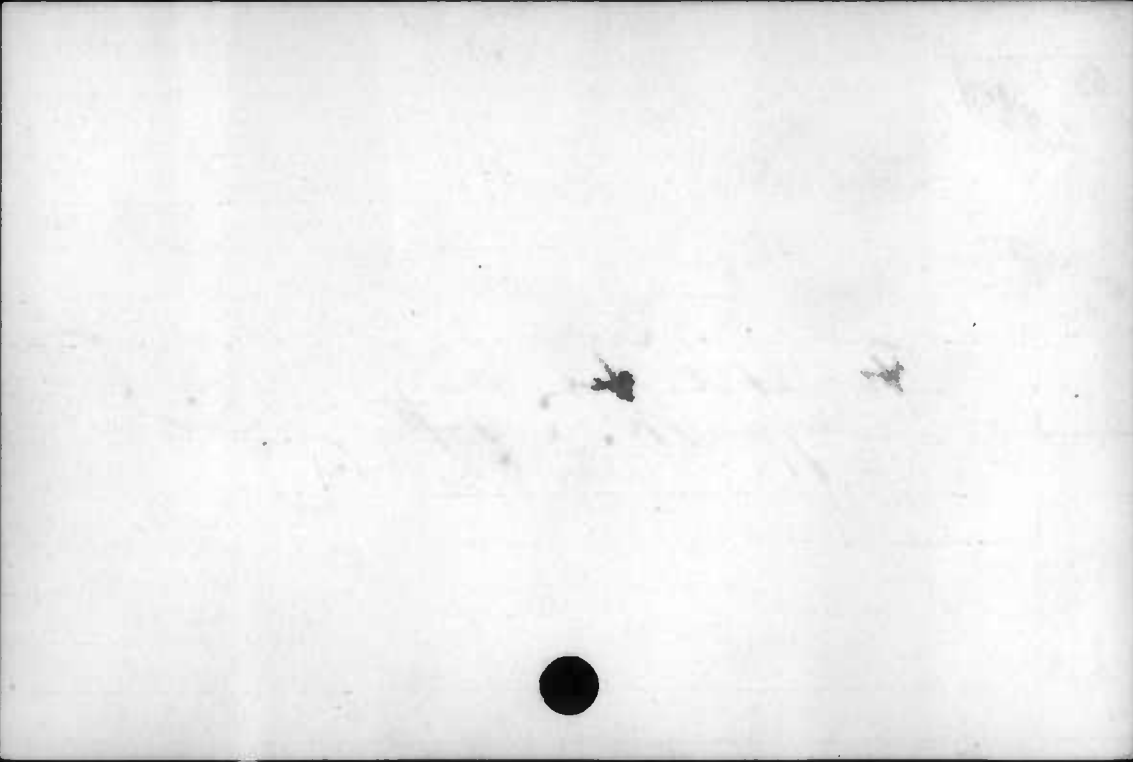
140

Primary *Confinement* How long *5 days*
Immediate *Post operative shock* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Ambrose Garcia M.D.*Address *1264 St. Annapolis Md*

Accident or Suicide?



Name in Full		George Burley				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		County		Anne Arundel MARYLAND			
	Date of death	1908	Sept	9	Age	48	Months		Days
	Sex	Male		Color or Race	Colored		Birthplace	Annapolis	
	Occupation	Watchman			Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband					
	Married			Annie M. Burley					
	Father's Name			Thomas E. Burley			Father's Birthplace		
	Mother's Maiden Name			Harriet A. Burley			Mother's Birthplace		
TO BE ANSWERED BY PHYSICIAN OR CORONER	Name of person giving information			Maggie M. Piggott			How related to deceased		
							Sister		
CAUSES OF DEATH									
TO BE ANSWERED BY PHYSICIAN OR CORONER	Primary	Pneumonia				How long	2 weeks		
	Immediate	Heart Failure				How long	36 hours		
	Are the name, age, sex, color, date and place correctly given above?				Yes				
	Signature of Physician				P. S. Reeves				
	Address				60 Cathedral St. Annapolis Md				
Accident or Suicide?									
No.									



Name
in
Full

Van Buren Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

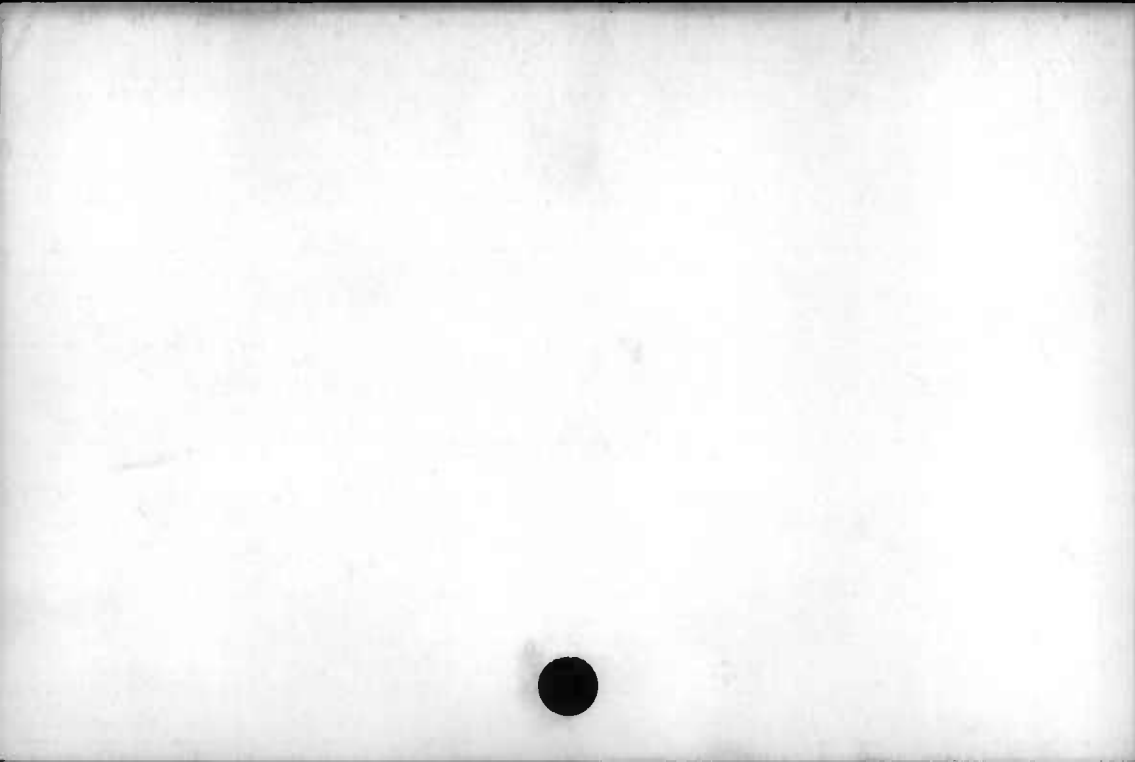
Died at <i>Oman</i> Town		<i>A. A</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Sept.</i> Day <i>17</i>		Age <i>67</i> Years		Months <i>10</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Carter</i>			
Father's Name <i>Edgar Carter</i>		Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Charlotte Newcomer</i>		Mother's Birthplace <i>Bald. Mo.</i>			
Name of person giving information <i>B. J. Williams</i>		How related to deceased <i>nephew</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute indigestion</i>	How long <i>2 Wks -</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Gault</i>
<i>9</i>	Address <i>Millenore</i>
	<i>Ms</i>
Accident or Suicide? <i>—</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

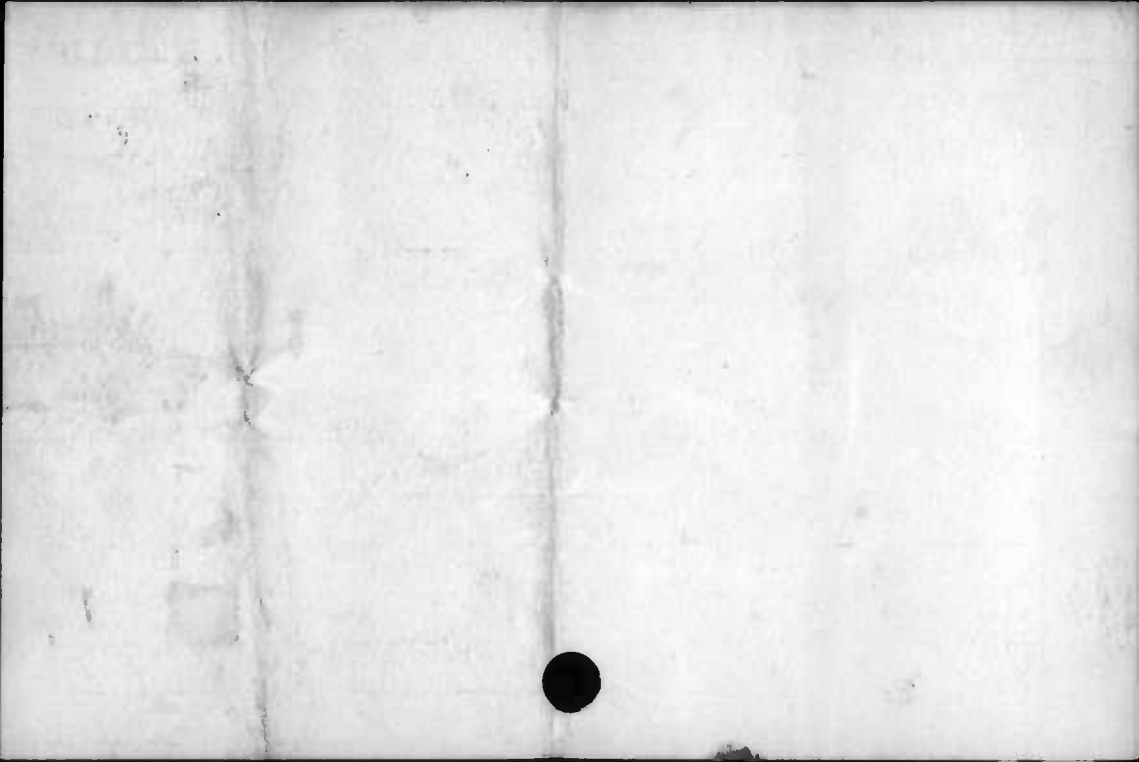
Died at <i>Harman</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Sept-</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>one</i> <small>Months</small>	<i>six</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Harman Md</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Frank Chase</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Lilly Adams</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Frank Chase</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. T. Hammond</i>
	Address <i>Felton Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Maddella Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

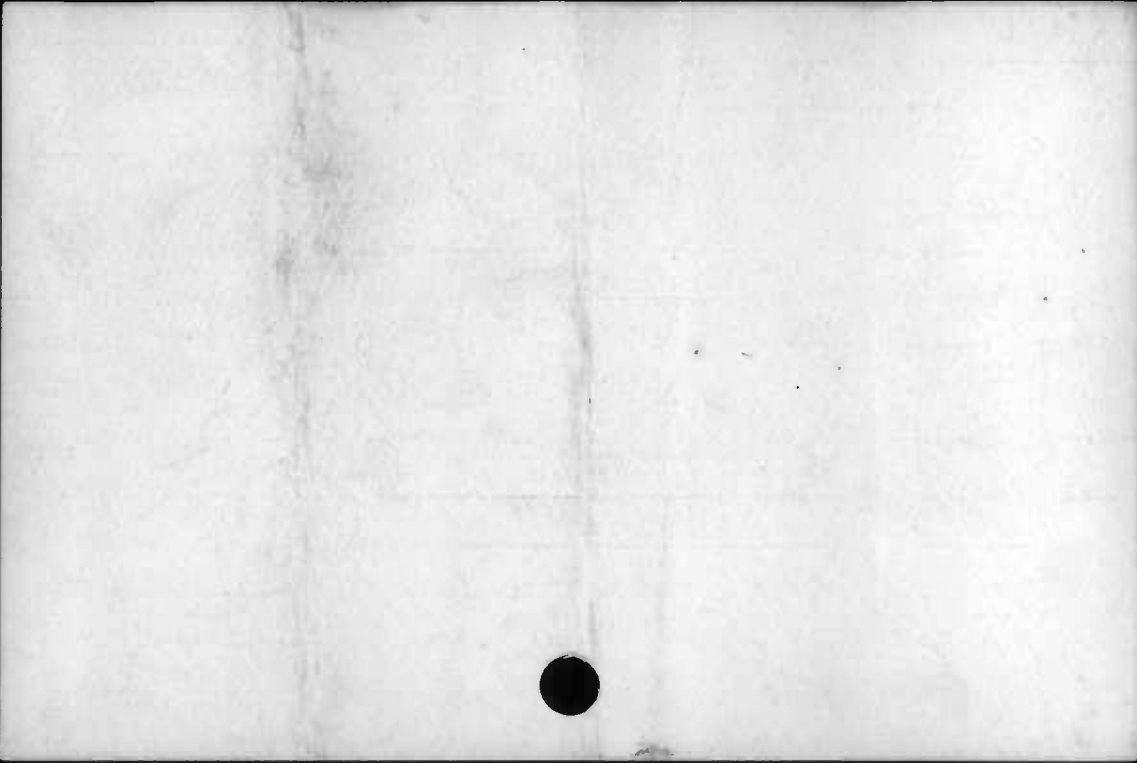
Died at		Town Hammans		County Anne Arundel		MARYLAND	
Date of death		Month 9	Day 7	Age	Years	Months one	Days 18
Sex Female		Color or Race Colored		Birth- place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Frank Chase				Father's Birthplace Maryland	
Mother's Maiden Name		Lilly Adams				Mother's Birthplace Maryland	
Name of person giving Information		Frank Chase				How related to deceased Father	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	one week
Immediate	Convulsions	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Rt. J. Hammond	
Address		Jessup, Md.	
Accident or Suicide?		No	



Name
in
Full

Raymond D. Cornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

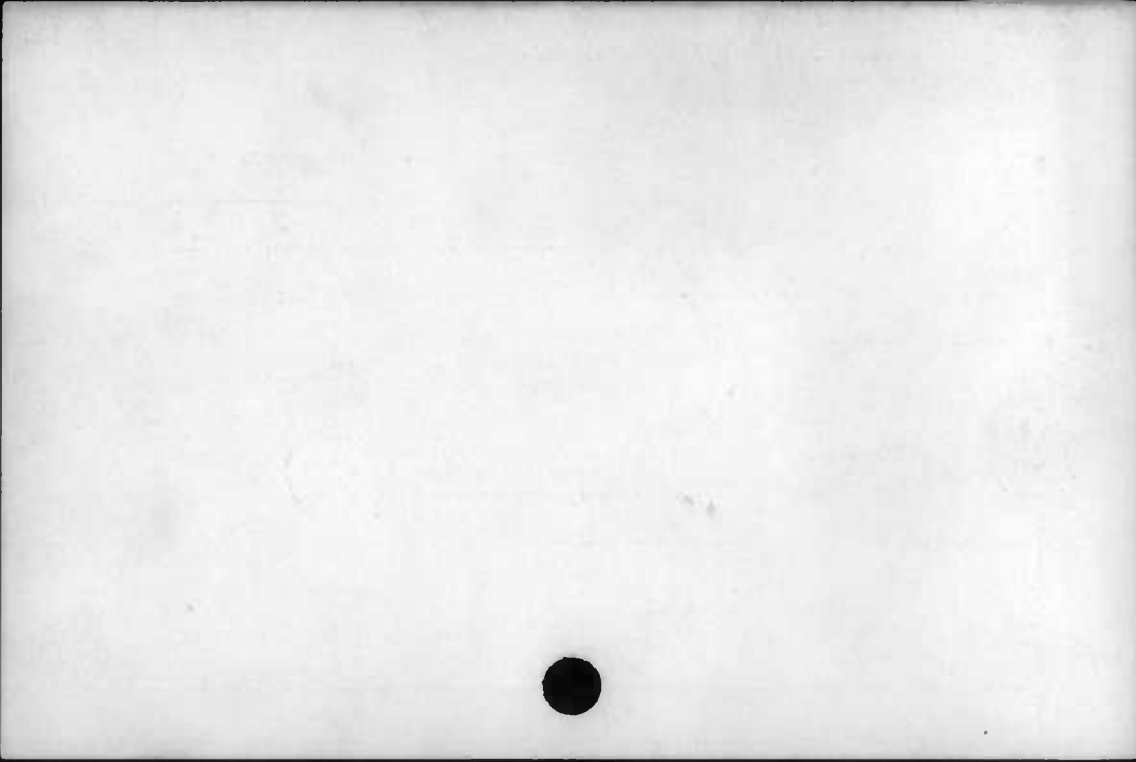
Died at <u>Eastport</u> Town		<u>A. A. Co.</u> County		MARYLAND	
Date of death	1908	Month	Sept	Day	14
Age	48	Years		Months	
Sex	Male	Color or Race	White	Birth-place	New Haven Ct.
Occupation	Electrician		Where Residing if not at place of death Eastport		
Married, Single or Widowed	Married	Name of Wife or Husband Rebecca Cornell			
Father's Name	John Cornell		Father's Birthplace Unknown		
Mother's Maiden Name	Nannie McArthur		Mother's Birthplace Unknown		
Name of person giving information	Rebecca Cornell		How related to deceased Wife		

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	3 yrs.
Immediate	Cardiac Syncope	How long	Few minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. C. Bennett (Cand. M.D.)
		Address	9 St. John St. Annapolis, Md.
Accident or Suicide?	—		



Name
in
Full

Minerva Grandell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

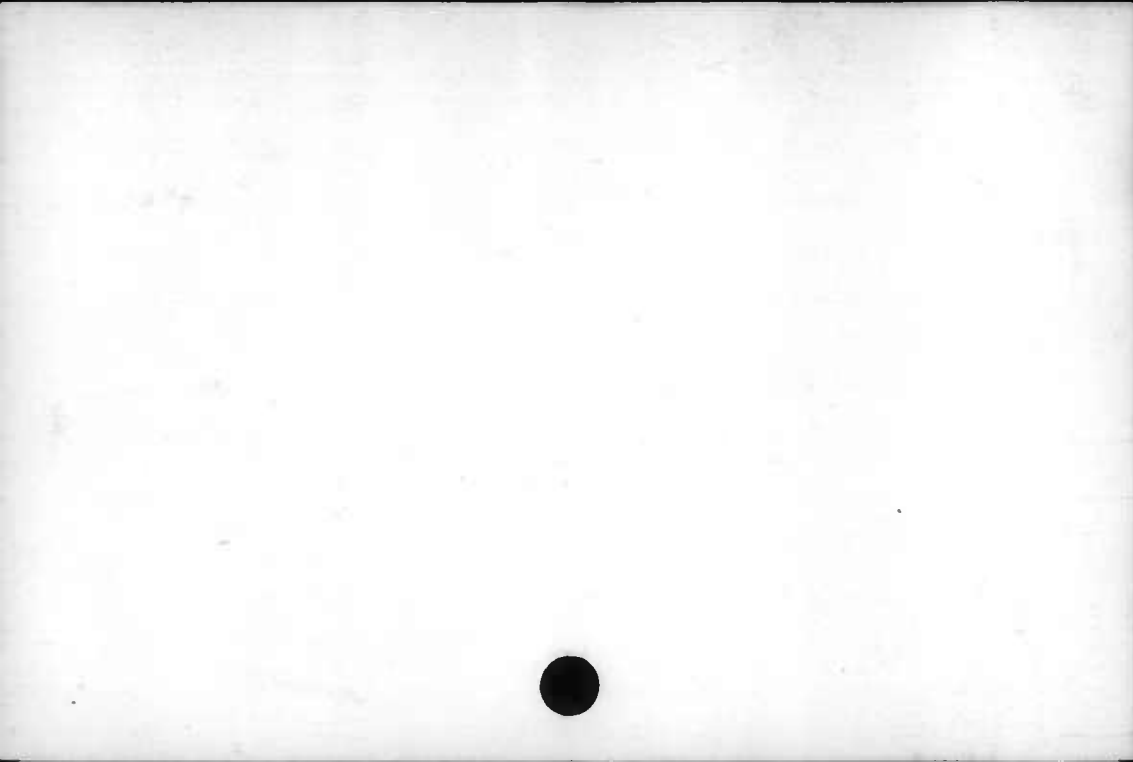
Died at <i>Churchton</i>		County <i>Anne Arundel</i>		MARYLAND		
Date of death	190 <i>8</i>	Month <i>Sept.</i>	Day <i>27th</i>	Age <i>34</i>	Months <i>6</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co., Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James F. Brandell</i>					
Father's Name <i>Louis Deitz</i>	Father's Birthplace <i>Unknown.</i>					
Mother's Maiden Name <i>Mary Ward</i>	Mother's Birthplace <i>Unknown.</i>					
Name of person giving Information <i>James F. Brandell</i>	How related to deceased <i>Husband</i>					

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary <i>Anti- and Post-Partum Hemorrhage</i>	How long <i>2a</i>
Immediate <i>Exhaustion</i>	How long <i>4 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. R. W. Wilson,</i>
	Address <i>Churchton, Md.</i>
Accident or Suicide	



Name
in
Full

Sarah Drury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

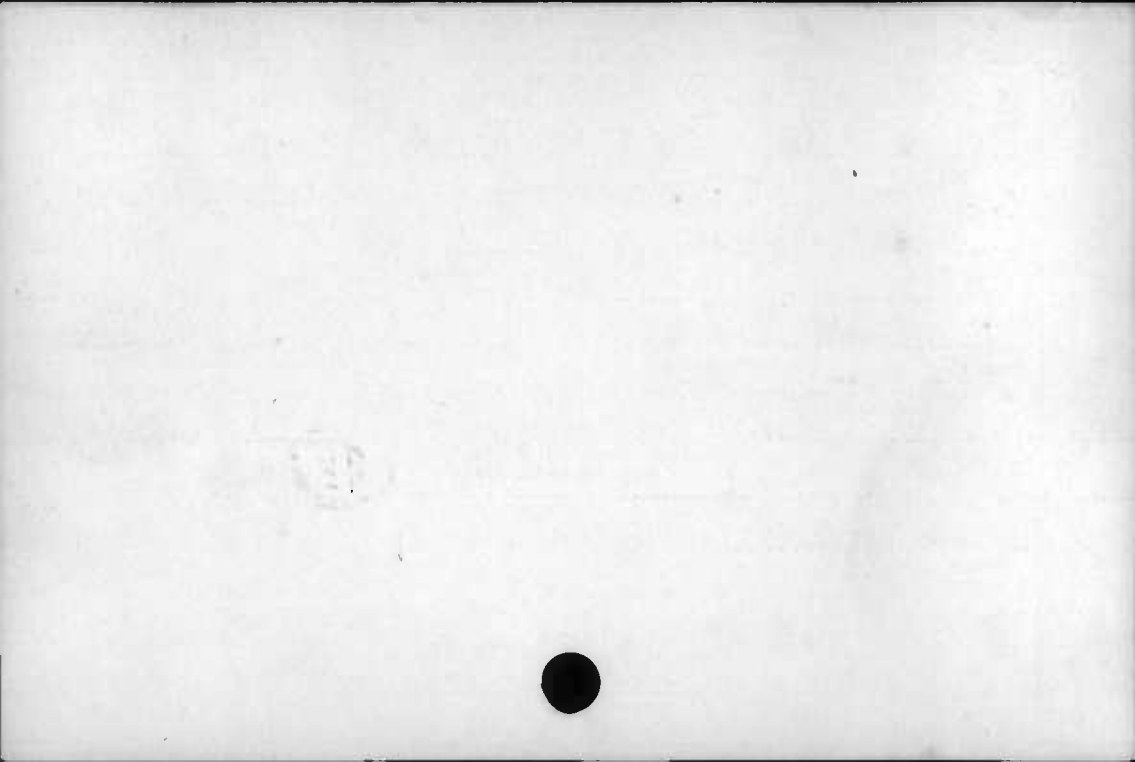
Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>4</i>	Years <i>about 75</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Drury</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Catherine Kelley</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jos Haughton</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary <i>Perineal Abscesses</i>	How long <i>10 days</i>
Immediate <i>Septicemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Bidout</i>
<i>9</i>	Address <i>Annapolis</i>
Accident or Suicide?	



Name
in
Full

Lena Durnall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

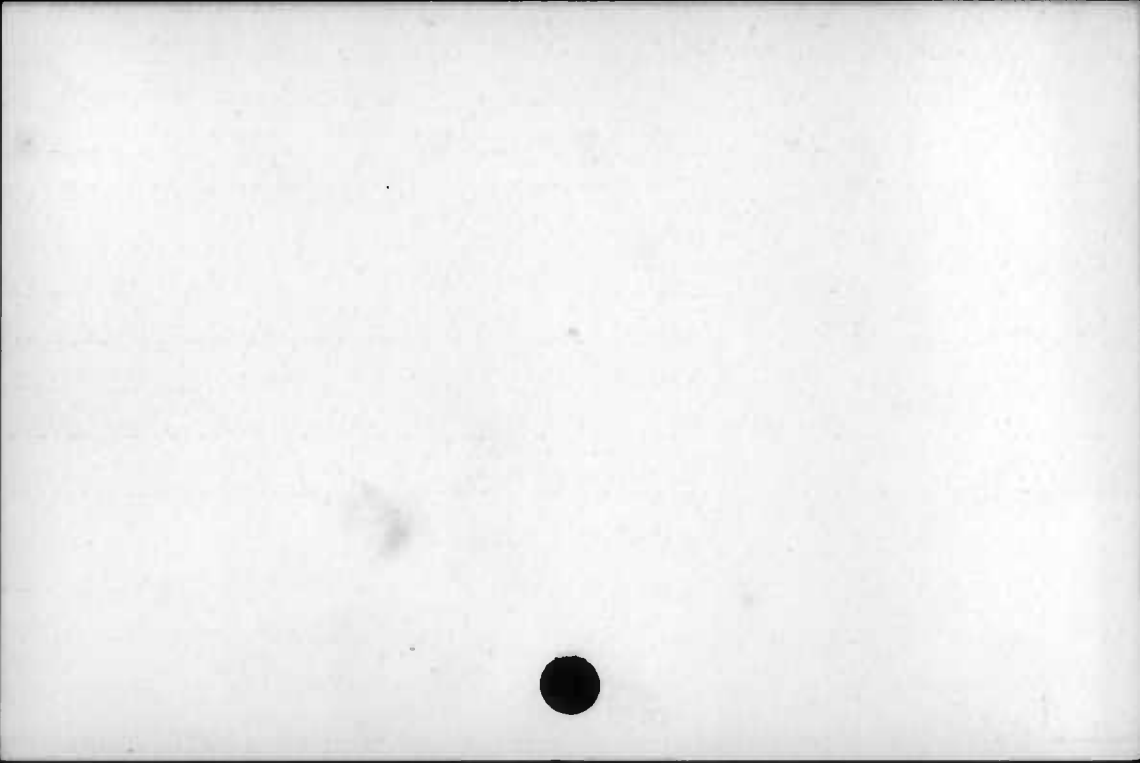
Died at <i>Robinson</i> Town			County <i>Anne Arundel</i>			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
<i>1908</i>	<i>Sept</i>	<i>5</i>	<i>8</i>	<i>8</i>	<i>—</i>	<i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co</i>				
Occupation <i>School Girl</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Isiah Durnall</i>			Father's Birthplace <i>Anne Arundel Co</i>				
Mother's Maiden Name <i>Emma Burke</i>			Mother's Birthplace <i>Anne Arundel Co</i>				
Name of person giving information <i>Isiah Durnall</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary	<i>Acute Laryngitis</i>	How long	<i>3 days</i>
Immediate	<i>Asphyxia</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Bellingslee MD</i>	
		Address <i>Armiger</i>	
Accident or Suicide? <i>No</i>		<i>MD</i>	



Name
in
Full

Wilham Dyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at House of Correction Anne Arundel County

Date of death 1908 Sept. 17 Age 22 Months Days

Sex male Color or Race Cal. Birth-place Balto

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Jones

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

J. W. Dyer

How related to deceased not at all

CAUSES OF DEATH

Primary

Lymphoid Leukemia

How long 1 mo.

Immediate

Internal Hemorrhage

How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

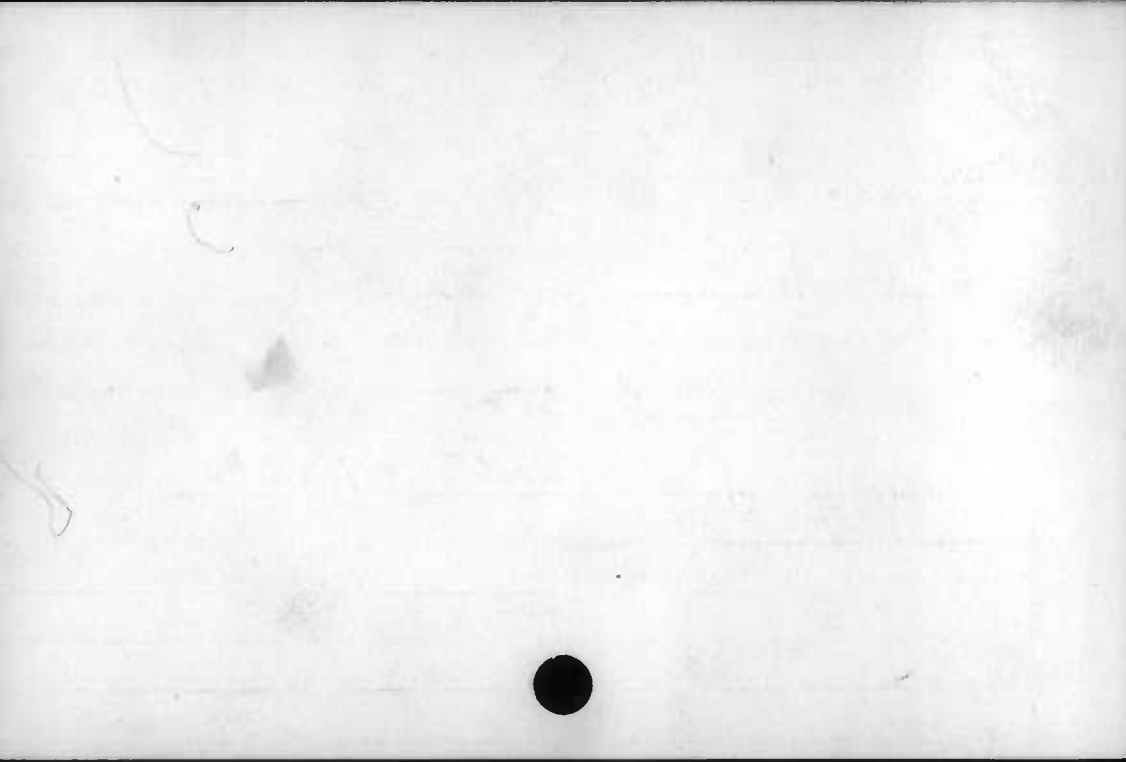
Signature of Physician

Address

J. W. Dyer
Laurel

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Francis Ellison</i>		Town <i>Tiptons Island</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Tiptons Island</i>		Month <i>Sept</i>		Day <i>3</i>		Years <i>68</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>3</i>		Years <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Anne Arundel</i>		<i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sarah C. Ellison</i>					
Father's Name <i>Archibald Ellison</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Margaret Osborne</i>		Mother's Birthplace <i>Anne Arundel</i>				<i>6</i>	
Name of person giving Information <i>Melville S. Dunlap</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>3 days -</i>
Immediate <i>Exhaustion</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Beltinger</i>
	Address <i>Armiger</i>
	<i>MD</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Mary A. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

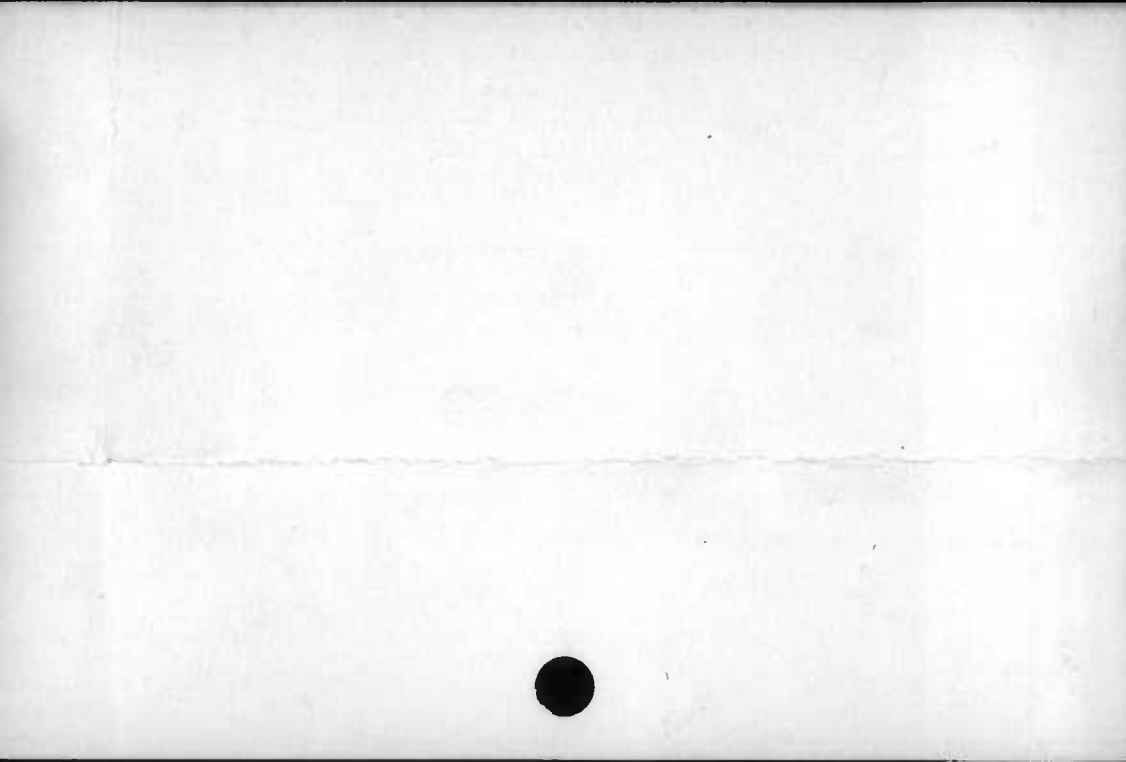
Died at <i>Millersville</i>		County <i>a. a.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>12</i>	Age <i>80</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>a. a. Co.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jos. Ford</i>				
Father's Name <i>Wm. Gardner</i>	Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>unknown</i>	Name of person giving information <i>Mr. Jas. Hawkins</i>		How related to deceased <i>None</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Do not know</i>
Immediate <i>Heart Failure only saw her twice</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. B. Gantt</i>
	Address <i>Millersville</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Lorenza Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

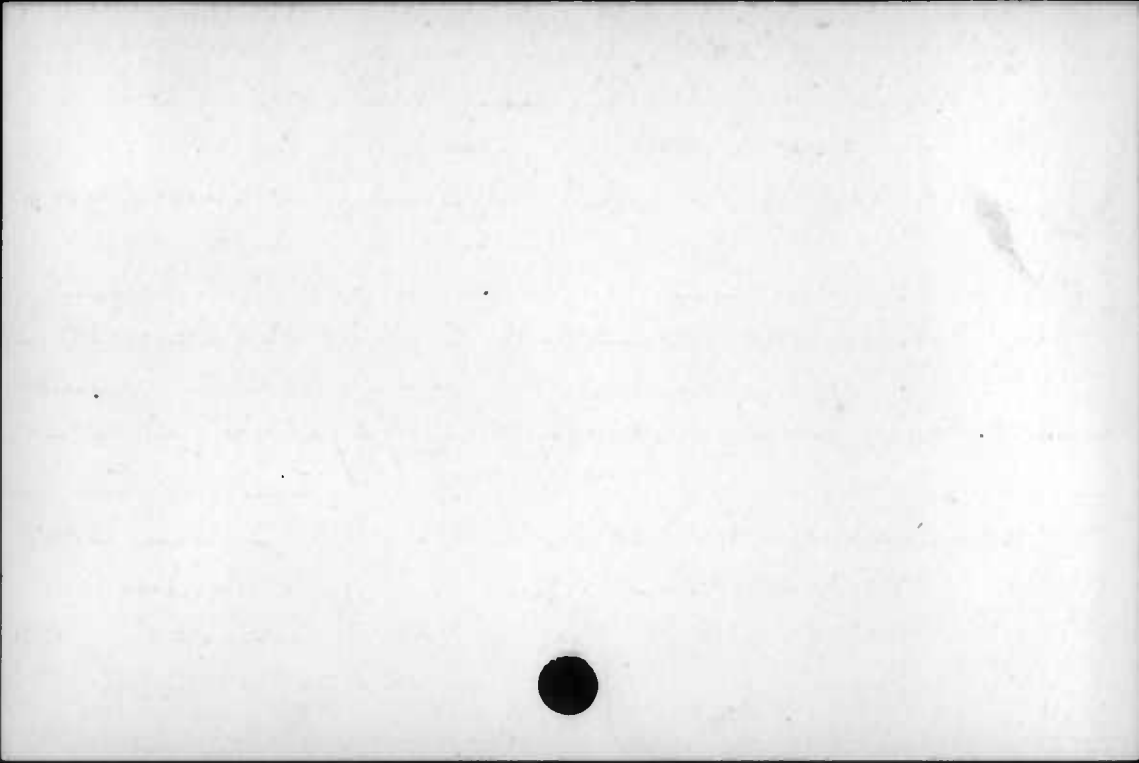
Died at <i>Head of Rock Creek</i>		Town <i>Anne Arundel</i>		County <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>3</i>	Years <i>13</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>		
Occupation <i>School Boy</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Garrison Green</i>			Father's Birthplace <i>Anne Arundel Co</i>		
Mother's Maiden Name <i>Mary Cromwell</i>			Mother's Birthplace <i>Anne Arundel Co</i>		
Name of person giving information <i>Garrison Green</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>16 days</i>
Immediate <i>Intestinal Perforation</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellingslee M.D.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
FullRuth ~~Green~~ Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3d District</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>14</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>A. A. Co. Md.</i>			
Occupation <i>Home Work</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Green</i>	Father's Birthplace <i>A. A. Co. Md.</i>				
Mother's Maiden Name <i>Louise Stevens</i>	Mother's Birthplace <i>A. A. Co. Md.</i>				
Name of person giving information <i>S. R. Colbert</i>	How related to deceased <i>Neighbor</i>				

CAUSES OF DEATH

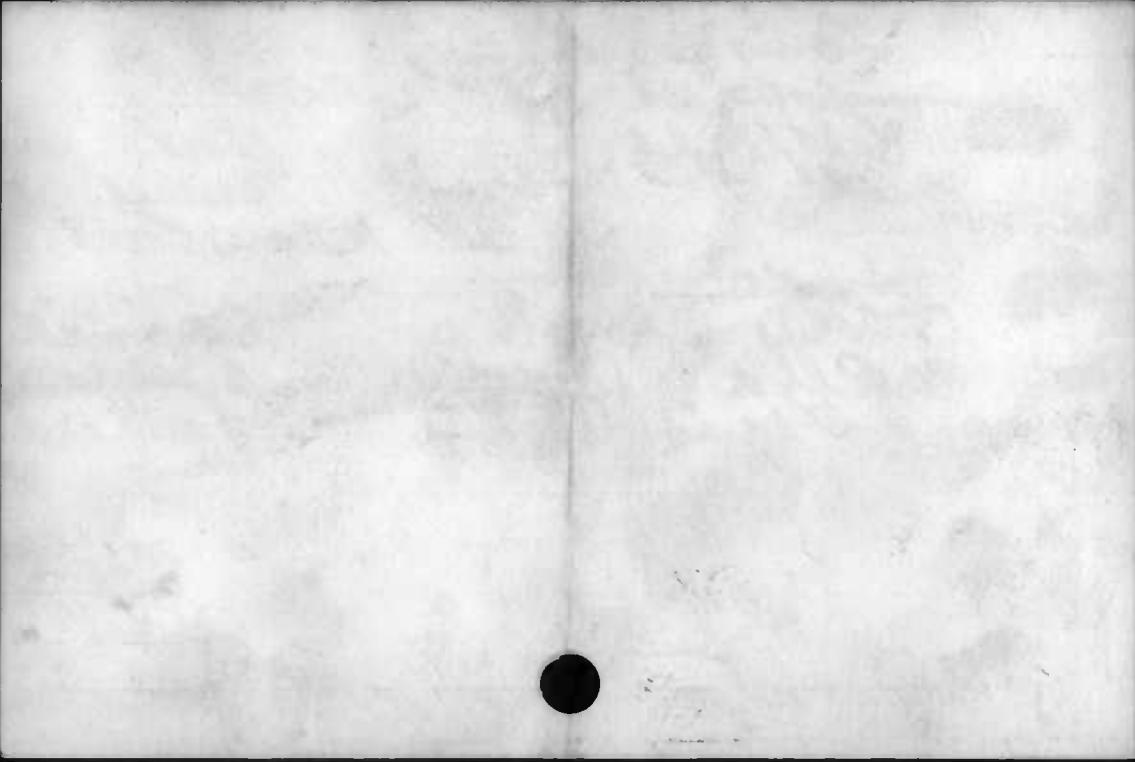
116

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (non-puerperal)</i>	How long <i>2 days</i>
Immediate <i>Cardiac Failure</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Redmond</i>
<i>(over)</i>	Address <i>Annapolis Md.</i>
	<i>R. H. B. No. 1</i>
Accident or Suicide? <i>(over)</i>	

It originated from an attack of acute
indigestion, superinduced by eating heartily
of soup, made from meat that had been
kept too long.

Name in Full		Julia Greenwicz				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Boz Balli		Aft County		MARYLAND						
	Date of death		1908	Month	Sept	Day	12	Age	Years	Months	Days		
	Sex		Female		Color or Race		white		Birth-place		Md		
	Occupation				Where Residing if not at place of death								
	Married, Single or Widowed				Name of Wife or Husband								
	Father's Name				Peter Greenwicz				Father's Birthplace				Europe
PHYSICIAN OR CORONER	Mother's Maiden Name				Josephine Gueganest				Mother's Birthplace				11
	Name of person giving information				Peter Greenwicz				How related to deceased				Father
	CAUSES OF DEATH												
	Primary				Infantile Cholera				How long				4 hours
	Immediate								How long				
Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician				W. B. Horton M.D.	
								Address				So. Balto. Md.	
Accident or Suicide?													



Name
in
Full

Louis Grohio

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>annapolis Md</u> <u>aa</u> <u>co</u>		Town <u>aa</u> County <u>co</u>		MARYLAND	
Date of death	190 <u>8</u> <u>Sept</u> <u>21</u>	Age	<u>4</u> <u>mo</u>	Months	Days
Sex	<u>male</u>	Color or Race	<u>colored</u>	Birth-place	<u>Annapolis</u>
Occupation	<u>Beard Coats</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Louis Grohio</u>	Father's Birthplace	<u>Cambridge Md</u>		
Mother's Maiden Name	<u>Ellie Bourey</u>	Mother's Birthplace	<u>Annapolis</u>		
Name of person giving information	<u>Louis Grohio</u>	How related to deceased	<u>father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>Since Birth</u>
Immediate	<u>Exhaustion</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>John Bidont</u>	
Address		<u>Annapolis Md</u>	
Accident or Suicide?			

Hon. A. C. F. R. M.



Name
in
Full

Caroline Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

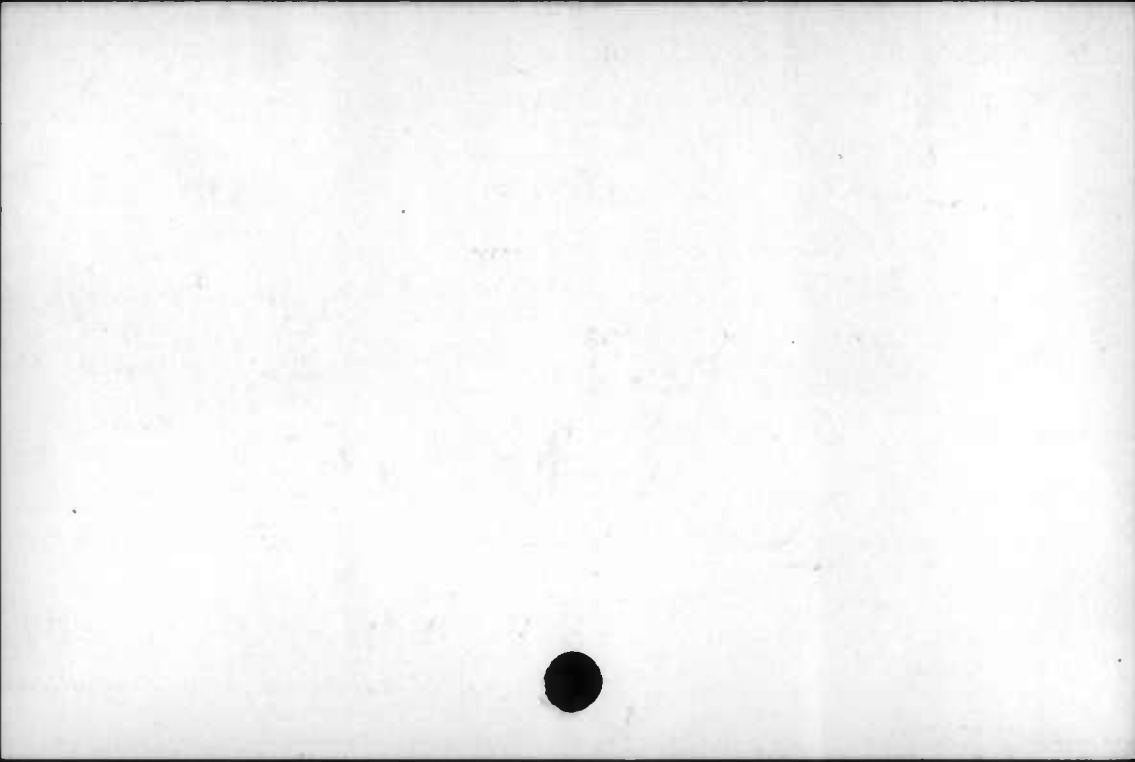
Died at <u>McKendree</u> <small>Town</small>		<u>June</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>Sept</u> <small>Day</small>	<u>6</u> <small>Years</small>	<u>61</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md.</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Robert Hall</u>		
Father's Name	<u>Alfred North</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Susan Diggs</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Robert Hall</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

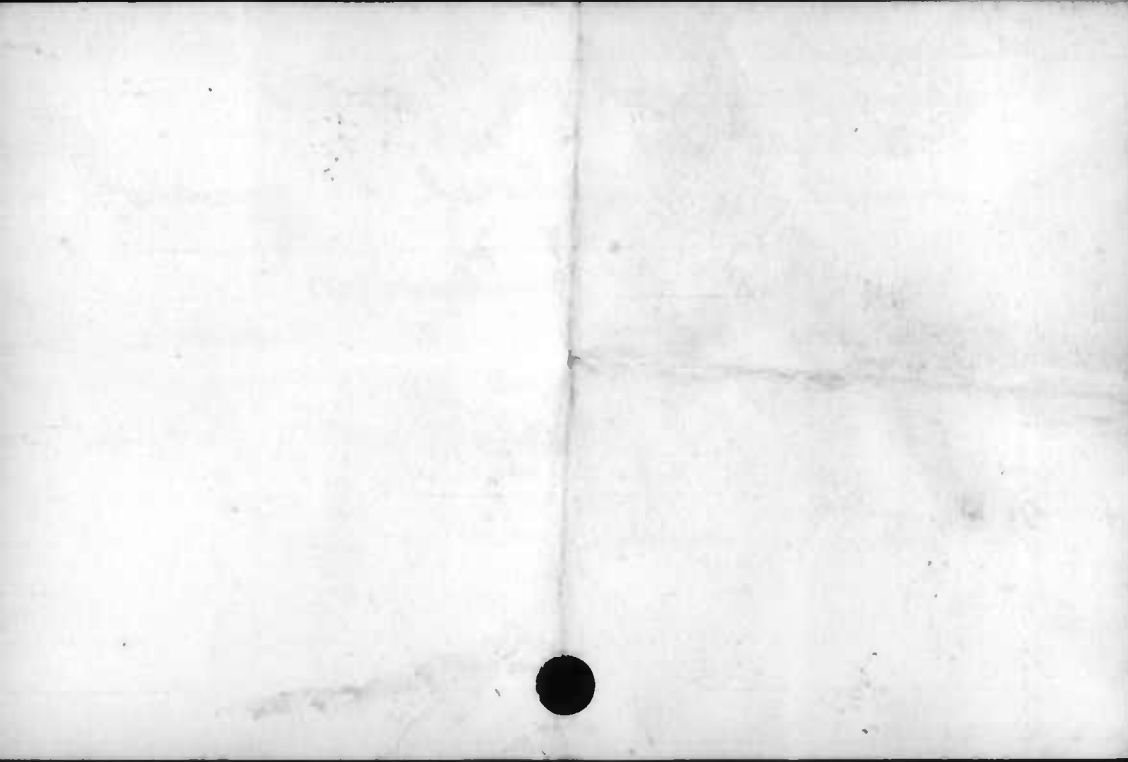
66

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>2 weeks.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. H. Perrie</u>
		Address	<u>McKendree, Md.</u>
Accident or Suicide?	<u>No</u>		



Name in Full		Roland Hensen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	3 rd ^{Town} <i>bish</i>	A. D. ^{County}		MARYLAND		
	Date of death	1908	Month <i>Sept</i>	Day <i>28</i>	Age <i>11</i>	Months <i>5</i>	Days <i>3</i>
	Sex	<i>Male</i>		Color or Race	<i>Colored</i>		
	Occupation	<i>No Occupation</i>			Birth-place <i>A. D. Co. Md.</i>		
	Where Residing if not at place of death			—			
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			
	Father's Name	<i>James Hensen</i>			Father's Birthplace <i>A. D. Co. Md.</i>		
Mother's Maiden Name	<i>Jane Henson</i>			Mother's Birthplace <i>A. D. Co. Md.</i>			
Name of person giving information	<i>John Hunt</i>			How related to deceased <i>Brother in law</i>			
CAUSES OF DEATH							(27)
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis</i>			How long <i>2 years</i>		
	Immediate	<i>Exhaustion</i>			How long <i>one week</i>		
	Are the name, age, sex, color, date and place correctly given above?			<i>Yes</i>			
	Signature of Physician			<i>J. D. Ridout M.D.</i>			
	Address			<i>Annapolis Md.</i>			
Accident or Suicide?			<i>No</i>				



Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Samuel Jones		Town Annapolis md	County a. c.	State MARYLAND	
Died at Annapolis md		Date of death 1908 Sept 21		Age 47	Months — Days —
Sex male	Color or Race Colored	Birth-place Annapolis md			
Occupation Labrow	Where Residing if not at place of death Gay street				
Married, Single or Widowed widow	Name of Wife or Husband unknown				
Father's Name Samuel Jones	Father's Birthplace unknown				
Mother's Maiden Name Margaret Jones	Mother's Birthplace unknown				
Name of person giving information Stella Harris	How related to deceased friend				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cerebral Hemorrhage	64 How long 11 days
Immediate Paralytic Exhaustion	How long Immediate
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Amrose Garcia
 Accident or Suicide?	Address 12 Gay St Annapolis md

Shells Inven

25010

account

Name
in
Full

Avoold Kosminski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

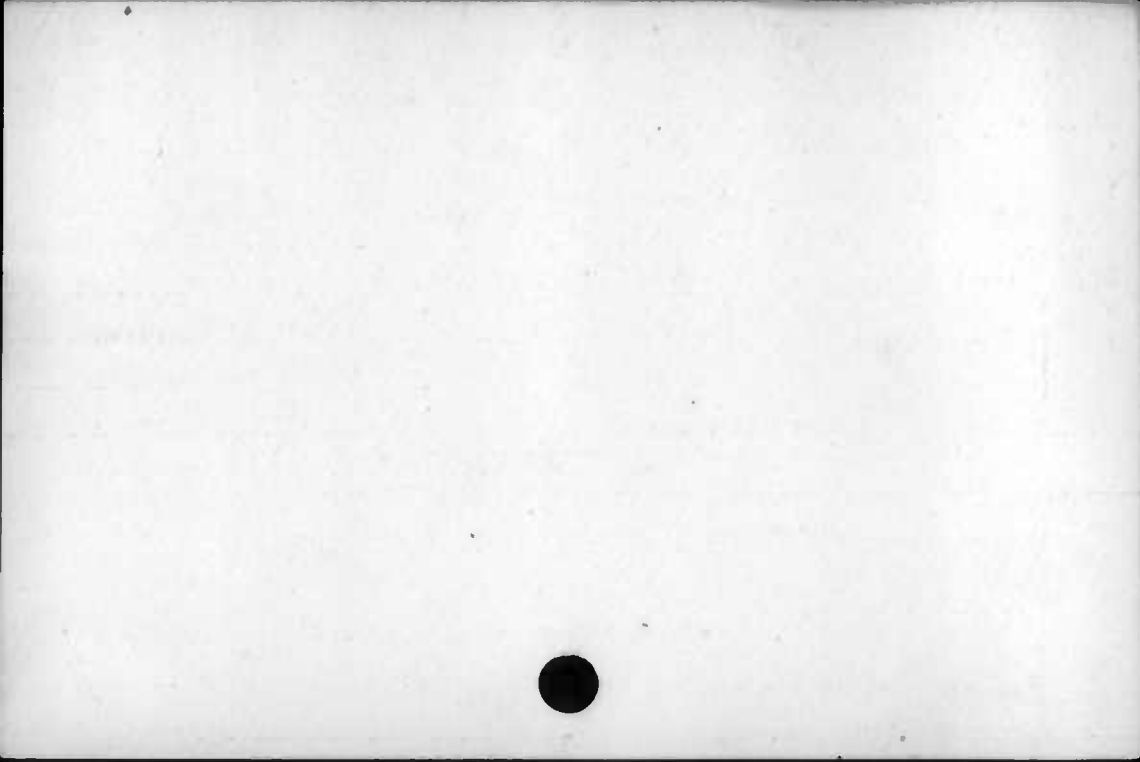
Died at <i>Tar Point on Rock Creek, Anne Arundel</i>		Town <i>Tar Point</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept.</i>	Day <i>23</i>	Age <i>60</i>	Years	Months <i>4</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>German</i>		Birthplace <i>Germany</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Katherin Kosminski</i>						
Father's Name <i>Fritz Kosminski</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Katherin Kosminski</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Stomach</i>	How long <i>One year</i>
Immediate <i>Starvation</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellinger</i>
	Address <i>Armiger</i>
Accident or Suicide? <i>No</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

Joseph Kuhn Jr

Died at ^{Town} East Brooklyn

^{County} a. a

MARYLAND

Date of death 1908 ^{Month} Sept ^{Day} 3

^{Age} 14 ^{Years}

^{Months} —

^{Days} —

Sex Male

Color or Race White

Birth-place Balto. Md

Occupation Laborer

Where Residing if not at place of death 15 N. Baxter St

~~Married~~ Single

Name of Wife or Husband

Father's Name Jos Kuhn Sr

Father's Birthplace Balto. Md

Mother's Maiden Name Carrie Marx

Mother's Birthplace Balto

Name of person giving information Jos Kuhn Sr

How related to deceased Father

CAUSES OF DEATH

172

Primary Accidental Drowning

Immediate

Are the name, age, sex, color, date and place correctly given above?

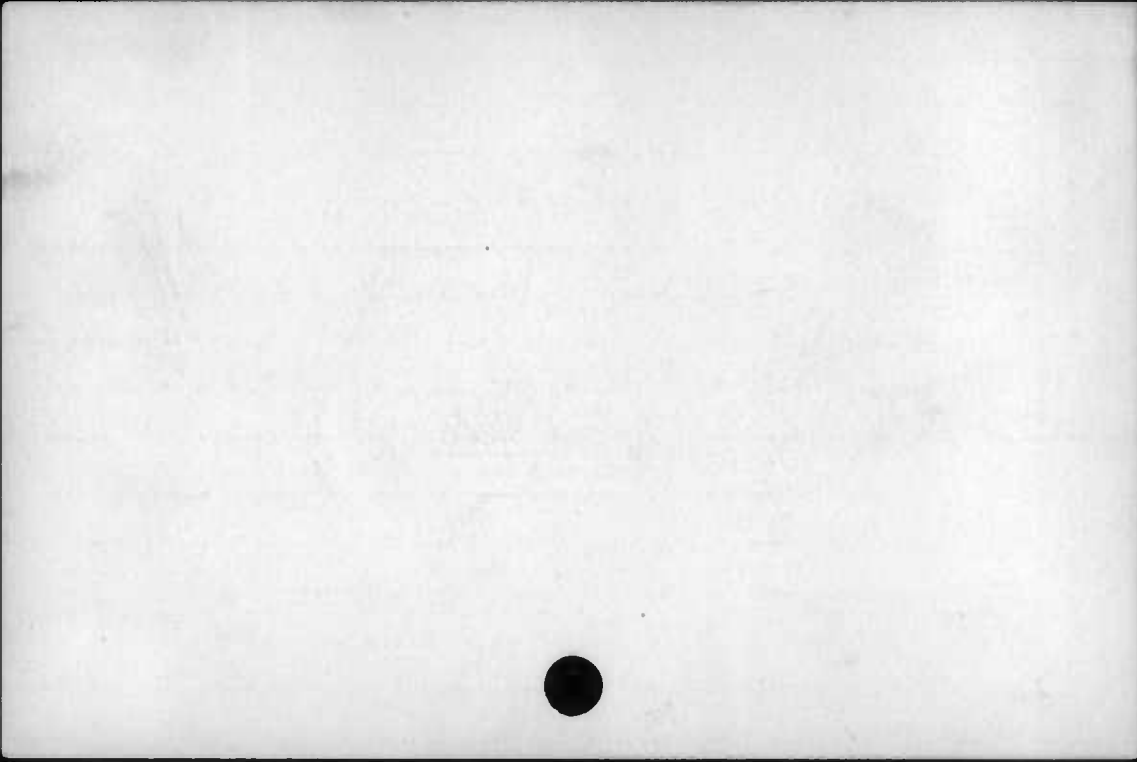
Signature of Physician J. E. Potee Croner

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Still born

Levy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>A. A. Leo</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>8</i>		Age		Years Months Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Annapolis</i>					
Occupation <i>none</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>							
Father's Name <i>John J. Levy</i>				Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Mary E. Wells</i>				Mother's Birthplace <i>A. A. Leo</i>					
Name of person giving information <i>John J. Levy</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>		How long	
Immediate <i>Still born</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. R. Stempel</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide? <i>Neither</i>			

Name
in
Full

Mary Lyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Sept.	13	Age	42		
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Lyles			
Father's Name	James Tompkins				Father's Birthplace	Md.	
Mother's Maiden Name	Martha				Mother's Birthplace	Md.	
Name of person giving information	Samuel Lyles				How related to deceased	Husband	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	9 months
Immediate	Coma	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. H. Perrie
		Address	Mt. Pleasant 134, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

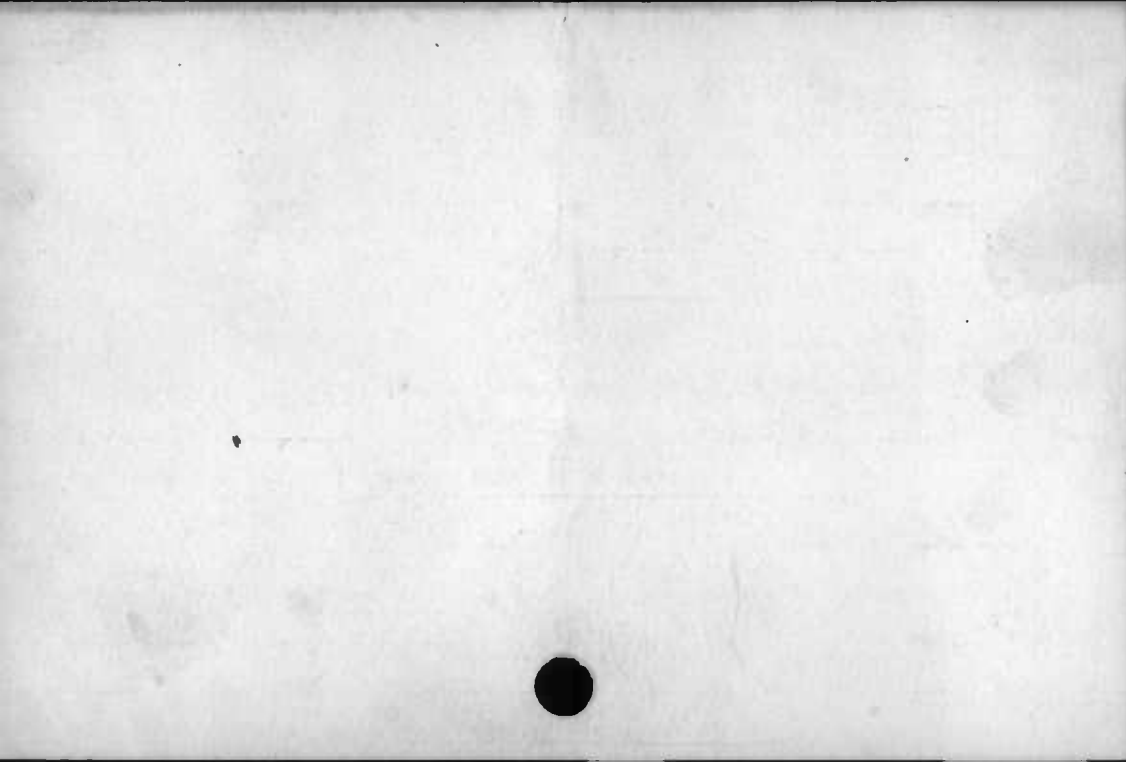
Name in Full <i>Annie Maria Mallonee</i>		Town <i>Odenton</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Odenton</i>		Month <i>9</i>		Day <i>6</i>		Years <i>49</i>	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>6</i>		Years <i>49</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Leonard Mallonee</i>					
Father's Name <i>Leonard Johnson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Warfield</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Alexina Fairall</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Interstitial nephritis</i>	How long <i>4 months</i>
Immediate <i>Uræmic Coma</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Hammond</i>
Address <i>Jessup Md.</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

Adella Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

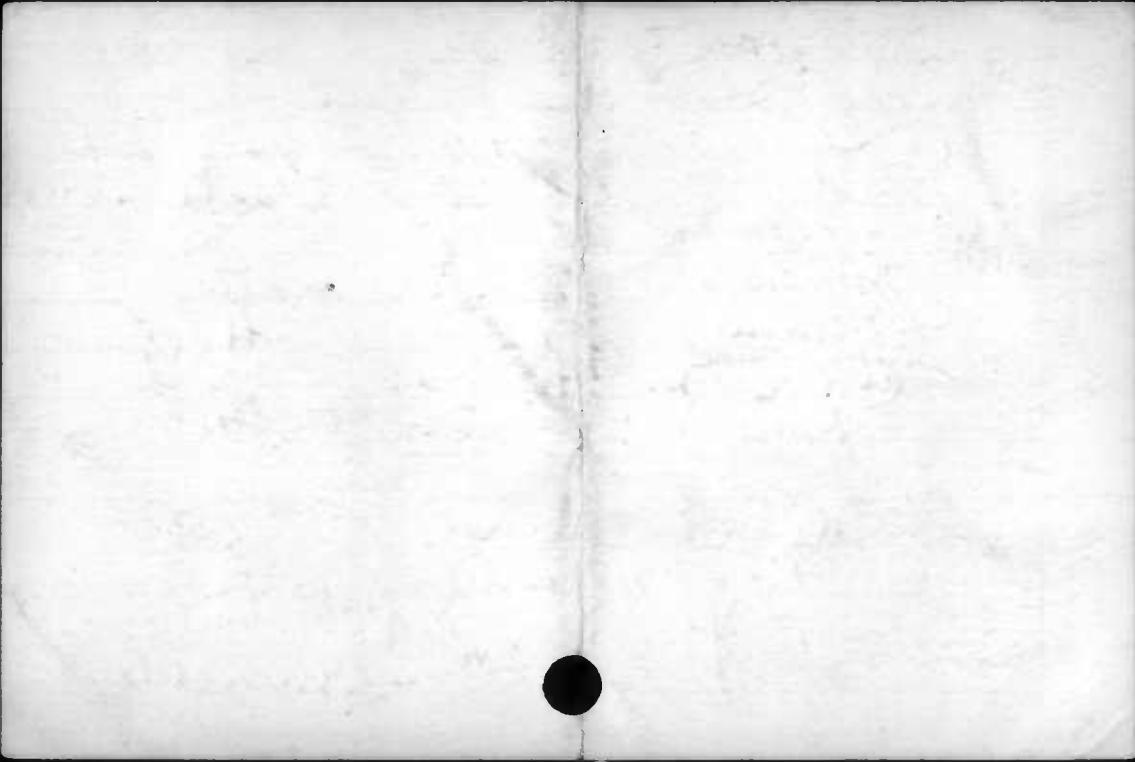
Died at		Town		County		MARYLAND	
Chady Side		Anne Arundel					
Date of death		190	Month	Day	Age	Years	Months
5		Sept.	25	19	7	unknown	
Sex		Color or Race		Birth-place			
Female		Colored		Baltimore			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		J. Morris Matthews					
Father's Name		Father's Birthplace					
William Matthews		A. G. C. O.					
Mother's Maiden Name		Mother's Birthplace					
Ann Matthews		unknown					
Name of person giving Information		How related to deceased					
J. Morris Matthews		Husband					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma	How long	2 years
Immediate	Cardiac Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. P. C. Wilson	
		Address	
		B. Hurstman	
		Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

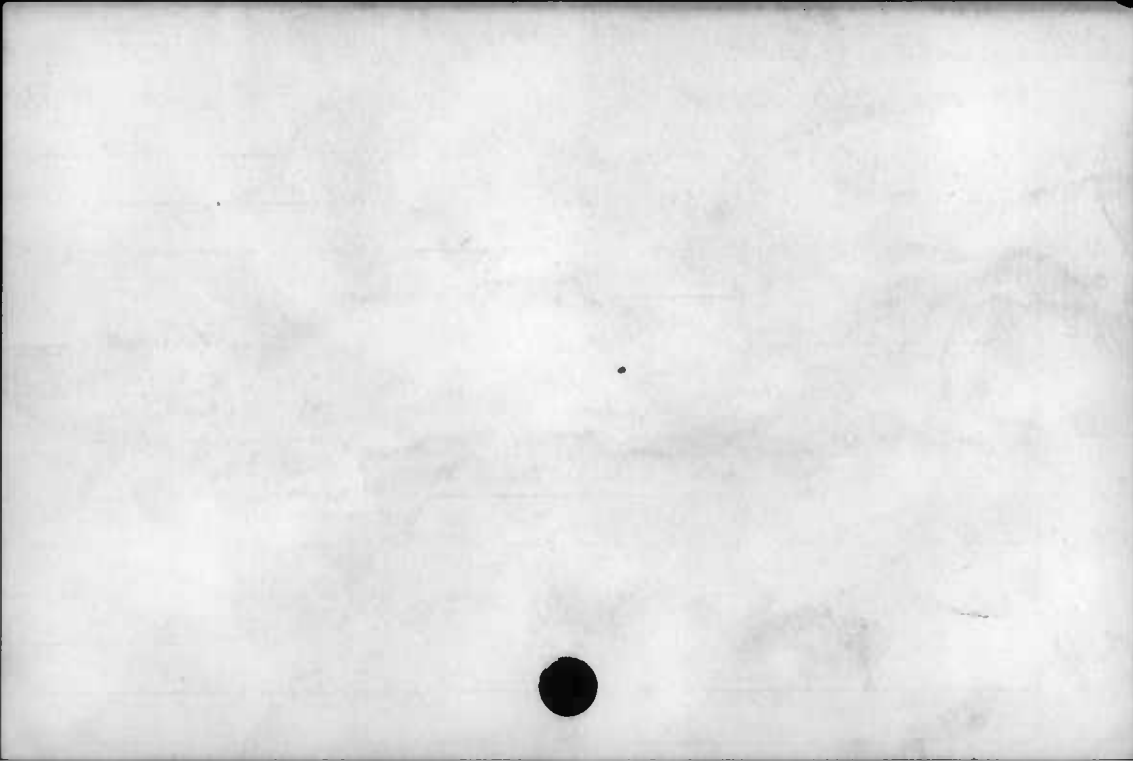
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town <u>Matthews</u> County <u>Ad</u>		STATE OF <u>MARYLAND</u>	
Date of death <u>1908</u> Month <u>Sept</u> Day <u>17</u> th Age <u> </u> Years <u> </u> Months <u> </u> Days <u> </u>			
Sex <u>Female</u>	Color or Race <u>col</u>	Birth-place <u> </u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>		
Father's Name <u>Alex Matthews</u>	Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Sadie Gilghman</u>	Mother's Birthplace <u>Alex ad</u>		
Name of person giving information <u>Alex Father Matthews</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still-born</u>	How long <u>(S)</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Ridout</u>
<u>f</u>	Address <u>Annapolis</u>
Accident or Suicide? <u> </u>	<u>Ad</u>



Name
in
Full

Teresa Phipps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

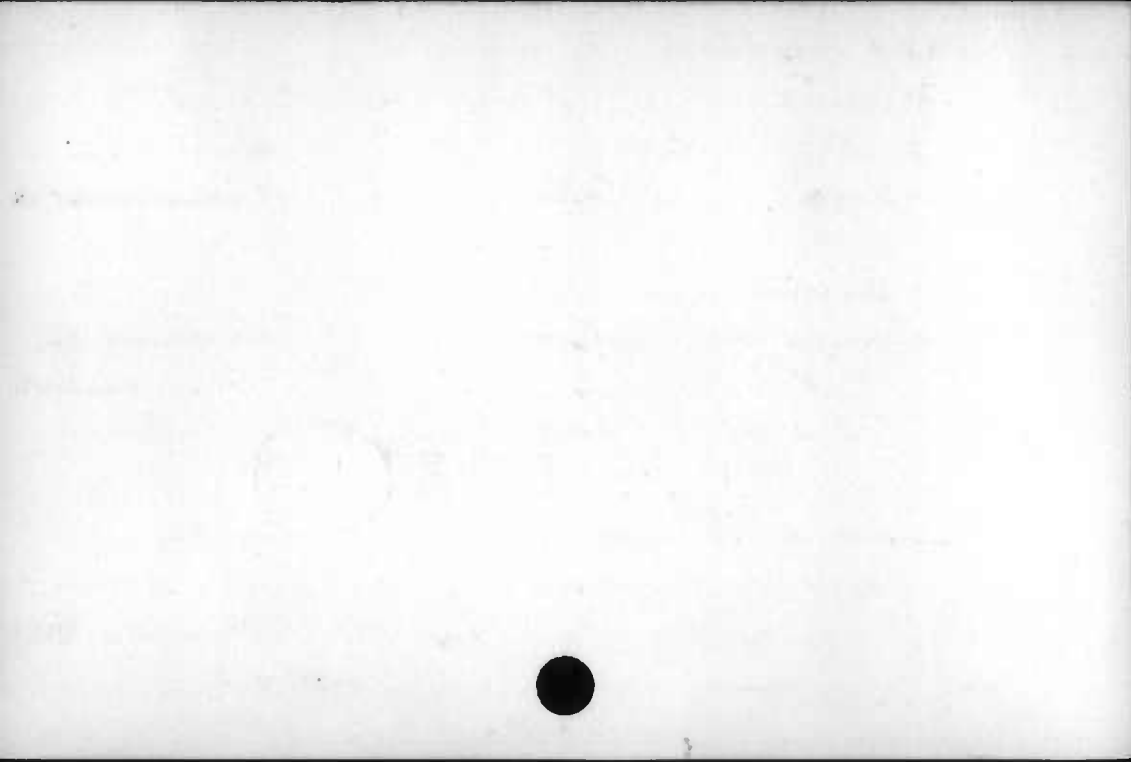
Died at <u>Chasepton</u> ^{Town}		<u>A 9</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>Sept</u> ^{Month}	<u>22</u> ^{Day}	Age <u>60</u> ^{Years}	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jos. M. Phipps</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Marion Phipps</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>Unknown</u>
Immediate <u>Coma</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. T. Dent</u>
	Address <u>Chasepton</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Leak Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

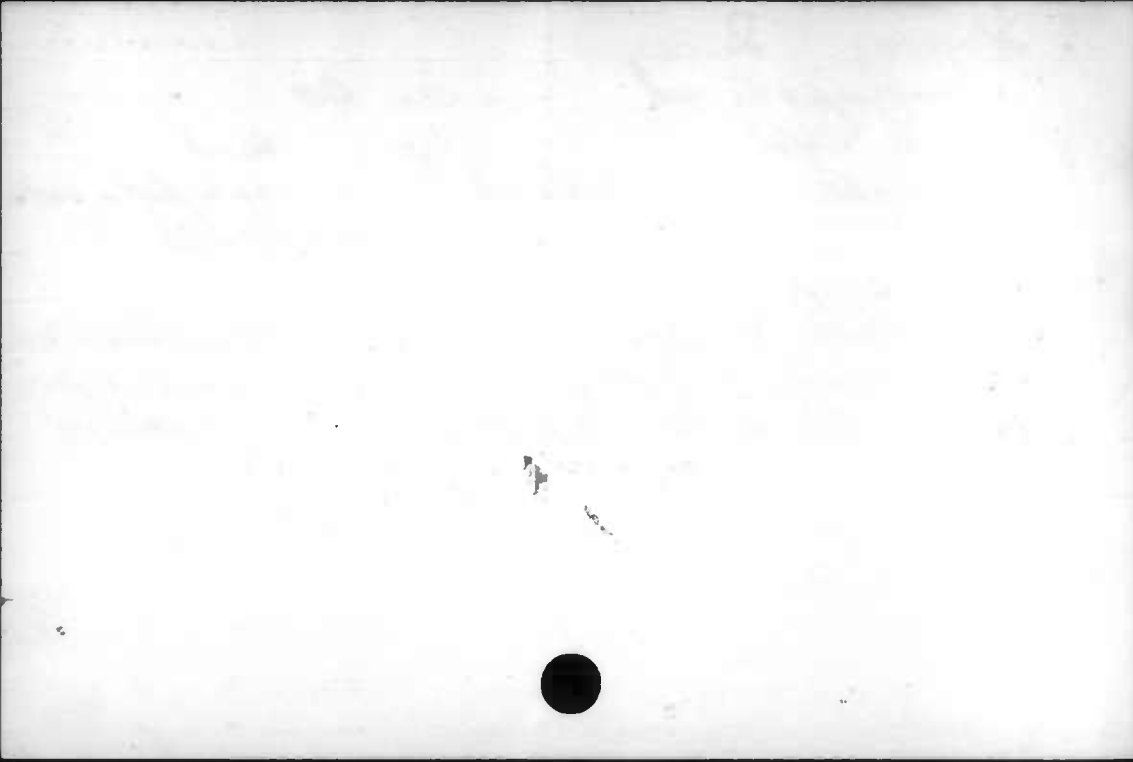
Died at <i>Armiger</i>		County <i>Anne Arundel Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>25</i>	Age <i>2</i>	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joseph R. Pinkett</i>	Father's Birthplace <i>Dorchester Co.</i>				
Mother's Maiden Name <i>Ella Daskins</i>	Mother's Birthplace <i>Anne Arundel Co</i>				
Name of person giving Information <i>Joseph R. Pinkett</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Fracture of Skull</i>	How long <i>Two days</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Twelve hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Bellingshea M.D.</i>
	Address <i>Armiger Md.</i>
Accident or Suicide <i>Yes - Fell down a well.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

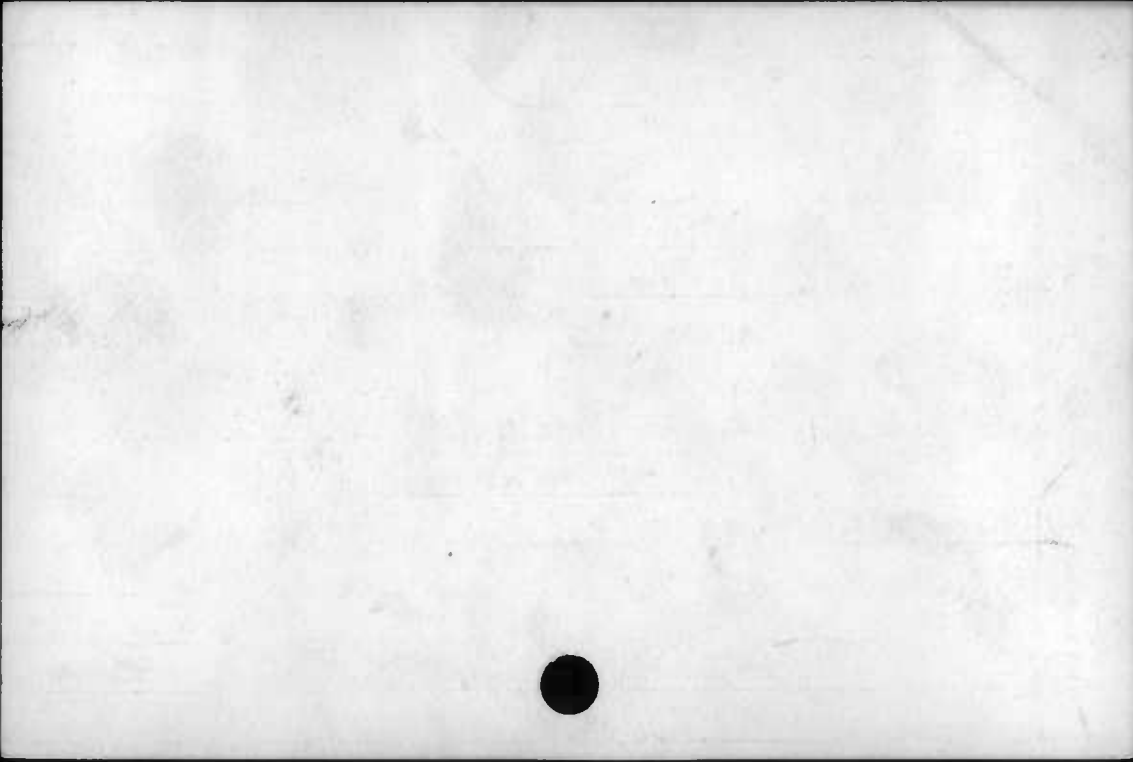
Died at <i>annapolis md</i>		Town <i>annapolis md</i>		County <i>a. a. co</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>1st</i>	Age <i>1 yr</i>	Years	Months <i>3 mo</i>	Days
Sex <i>Male</i>	Color or Race <i>coloud</i>		Birth-place <i>annapolis md</i>				
Occupation				Where Residing if not at place of death <i>144 South st</i>			
Married , Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name <i>Wilson Queen</i>	Father's Birthplace <i>Mont Taber md</i>						
Mother's Maiden Name <i>Priscilla Worley</i>	Mother's Birthplace <i>a. a. co Md</i>						
Name of person giving information <i>Priscilla Queen</i>	How related to deceased <i>mother</i>						

CAUSES OF DEATH

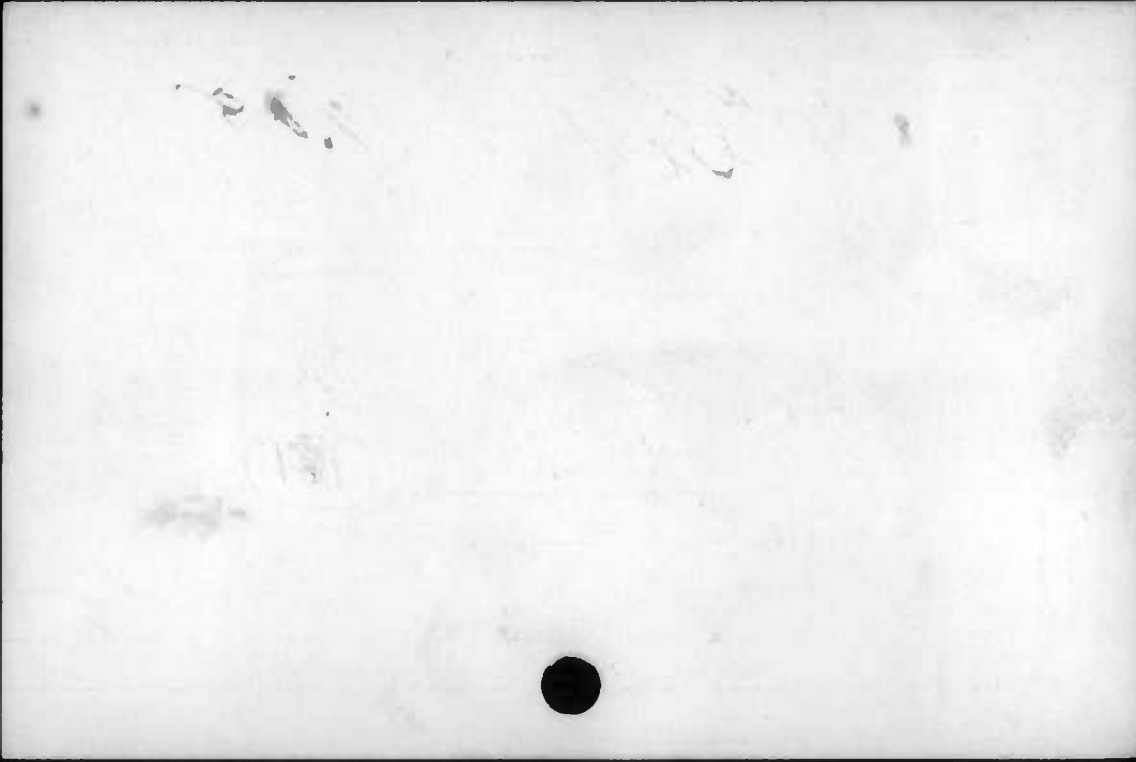
179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John Ridout</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name in Full Leslie C. Schwarzhaupt		CERTIFICATE OF DEATH	
Died at Annapolis <small>Town</small> Anne Arundel <small>County</small>		MARYLAND	
Date of death 1908 <small>Year</small> Sept <small>Month</small> 11 <small>Day</small> 7 <small>Age</small>		Months Days	
Sex male <small>Color or Race</small> White		<small>Birth-place</small> Washington, D.C.	
Occupation School boy		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Conrad Schwarzhaupt		Father's Birthplace Germany	
Mother's Maiden Name Ella Muddford		Mother's Birthplace Annapolis, Md.	
Name of person giving information D.L. Muddford		How related to deceased Uncle	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">167</div>			
Primary 2nd Degree Burn		How long 2 months	
Immediate Secondary Anemia & Sepsis		How long 3 weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Oliver Purvis	
Address Annapolis, Md.		Address Annapolis, Md.	
Accident or Suicide? no			



Name
in
Full

Richard Glenn Shipley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

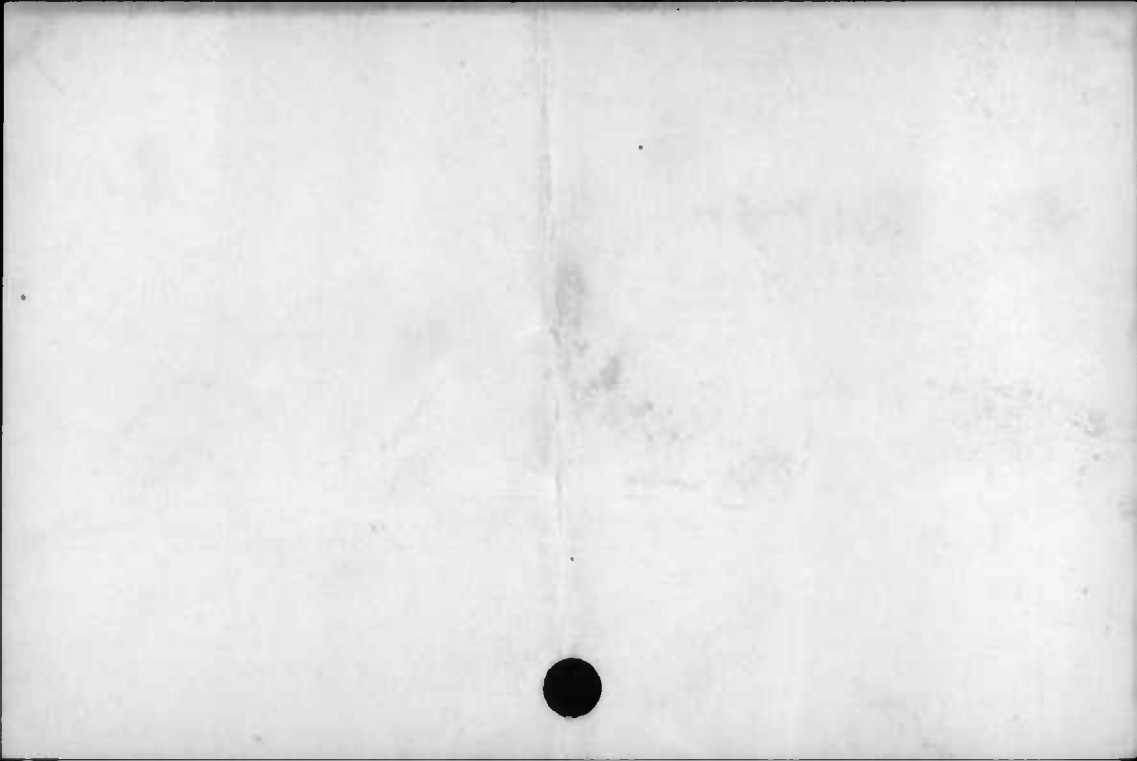
Died <i>Mon Luthicum</i>		Town <i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1908 Sept 21</i>		Month		Day		Age <i>Three hours</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Years	
Occupation <i>none</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>R Luther Shipley</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Emma Blanch Watkins</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>R Luther Shipley</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Injury during childbirth</i>	How long	<i>Three hours</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Arthur Williams</i>	
Address		<i>Elk Ridge Md</i>	
Accident or Suicide?		<i>no</i>	



Name
is
Full

Louis J. Simms

CERTIFICATE OF DEATH

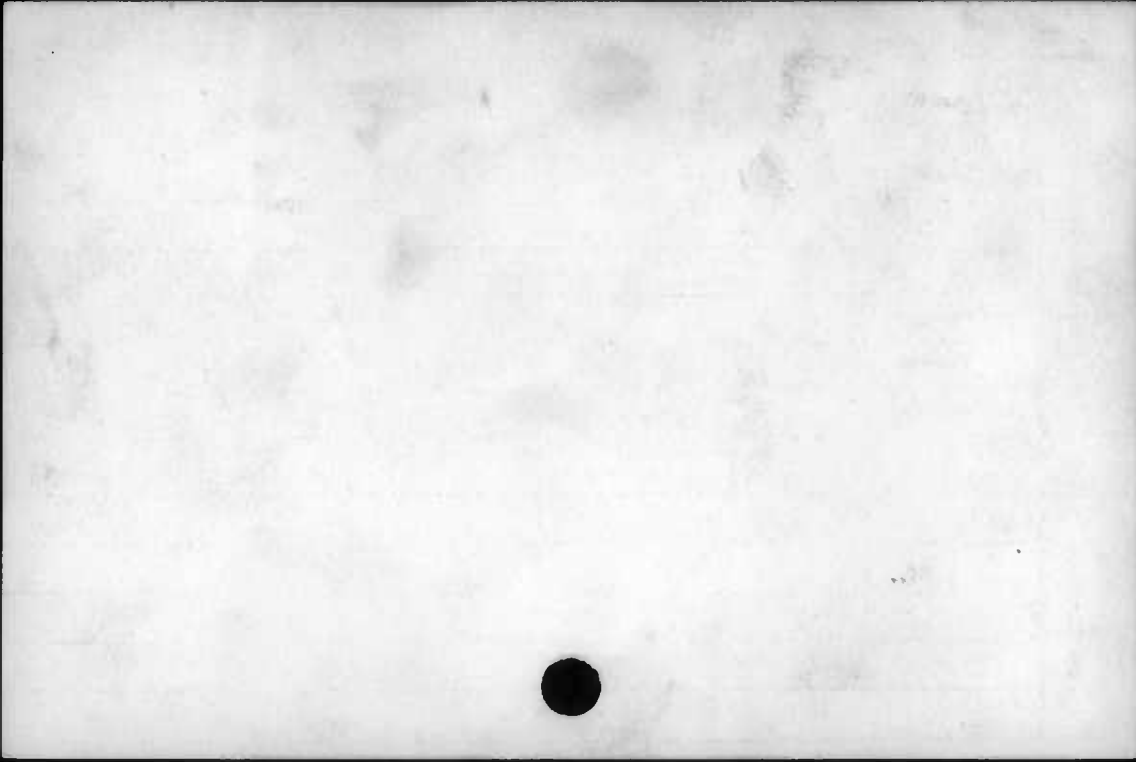
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	1908	Month	Sept	Day	12
Age	3	Years	11	Months	14
Sex	Male	Color or Race	Negro	Birth-place	Annapolis
Occupation	Infant	Where Residing if not at place of death		38 Carroll Alley	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jno Simms			Father's Birthplace	Annapolis ^{Ind}
Mother's Maiden Name	Mamie Miller			Mother's Birthplace	Anne Arundel ^{Ind}
Name of person giving information	Harrie C. Oydinov.			How related to deceased	none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	2 mos.
Immediate	Relapse	How long	3 wks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Hephurn
		Address	Annapolis
			Ind.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

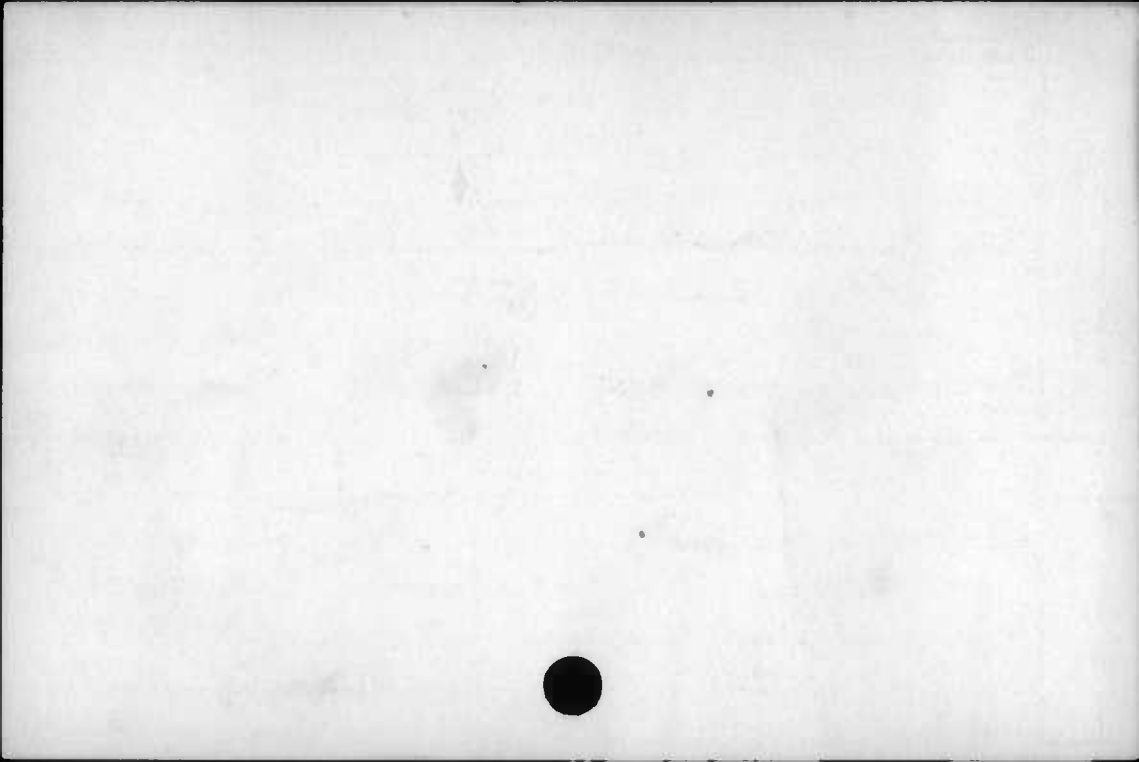
Died at <i>Marleys</i> Town <i>A A C</i> County		MARYLAND				
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>24</i>	Age <i>21</i>	Years <i>8</i>	Months <i>24</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>				
Occupation <i>Engineer</i>	Where Residing if not at place of death <i>104 C Randall</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>Unknown</i>	Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Rosey A. Crowley</i>	Mother's Birthplace <i>11</i>					
Name of person giving information <i>Andrew Stevens</i>	How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Accidental drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Butler</i>
	Address <i>Brooklyn A 4 C Md</i>
Accident	



Name
in
Full

Robert Ardelle Trader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

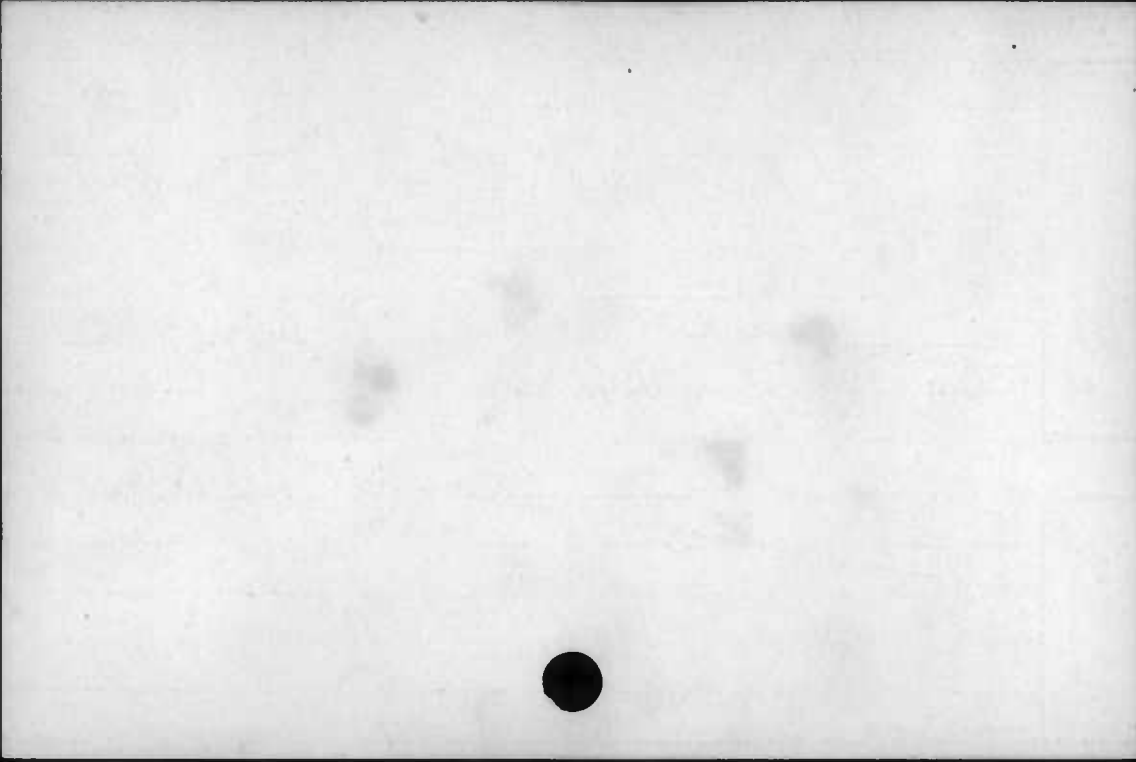
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	Sept.	Day	1
Age	19	Years	11	Months	9
Sex	Male	Color or Race	White	Birth-place	Ottumwa, Ills.
Occupation	Coal Passer, U.S. Navy		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Unknown		—			
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Naval records		How related to deceased	—	

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>7 days.</i>
Immediate	<i>General Peritonitis</i>	How long	<i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. E. Dickey, M.D.</i>
		Address	<i>U.S. Naval Hospital, Annapolis Md.</i>
Accident or Suicide?	<i>—</i>		



Harfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Odin Town

County

MARYLAND

Date of death 190 *September* Month

Age _____ Years _____

Months

Days

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or WidowedName of Wife or
Husband

Father
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

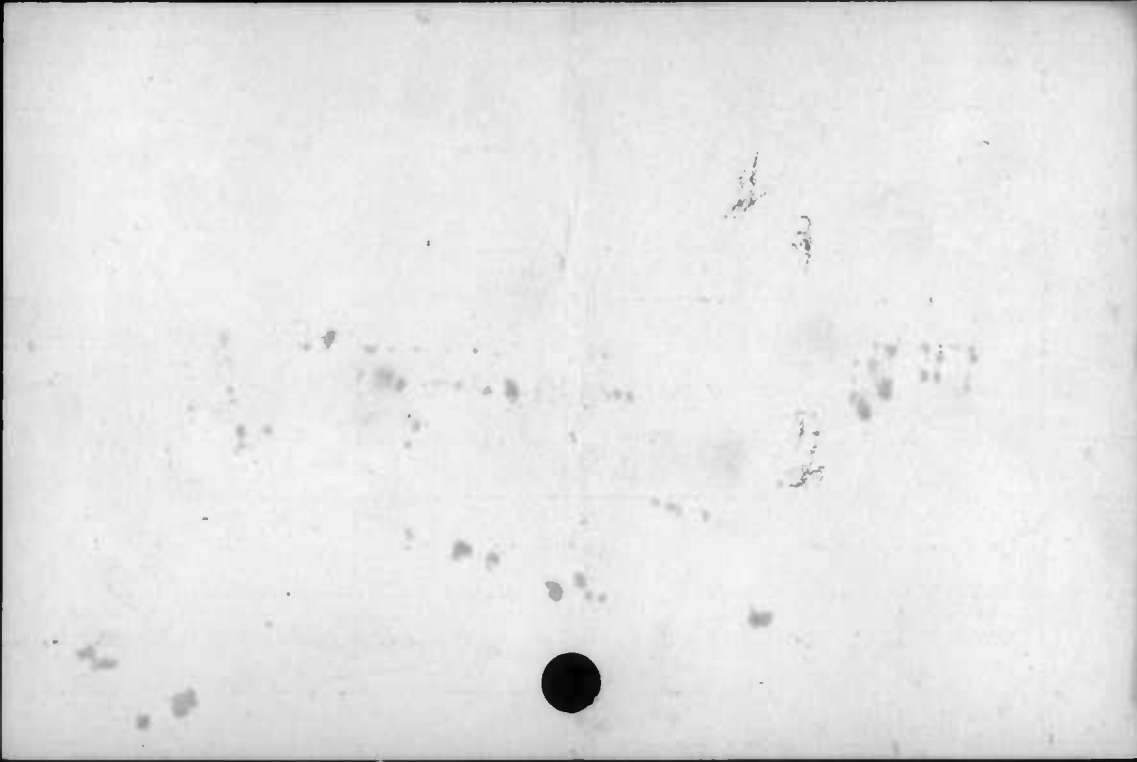
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Baby White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

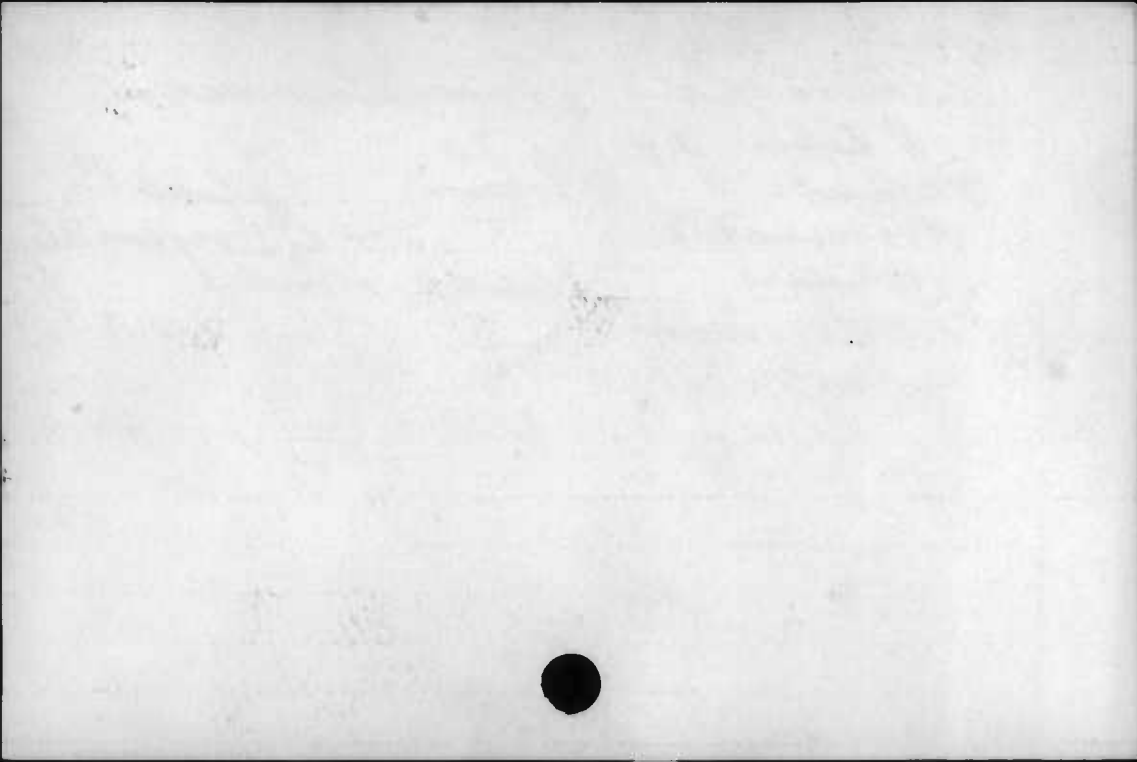
Died at <u>Annapolis</u> Town		<u>9.9</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>Sept</u>	Day <u>11</u>	Age	Years <u>1</u> Months <u>14</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birthplace	<u>Annapolis</u>
Occupation	<u></u>		Where Residing If not at place of death <u>25 Wagner St</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>None</u>		
Father's Name	<u>William White</u>		Father's Birthplace	<u>England</u>	
Mother's Maiden Name	<u>Myrtle Clark</u>		Mother's Birthplace	<u>Annapolis</u>	
Name of person giving information	<u>Annie Ellinghausen</u>		How related to deceased	<u>Supt. Home</u>	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Convulsions</u>	How long	
Immediate	<u>" " "</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Walton H. H. H.</u>
		Address	<u>Annapolis Md</u>
Accident or Suicide?	<u></u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

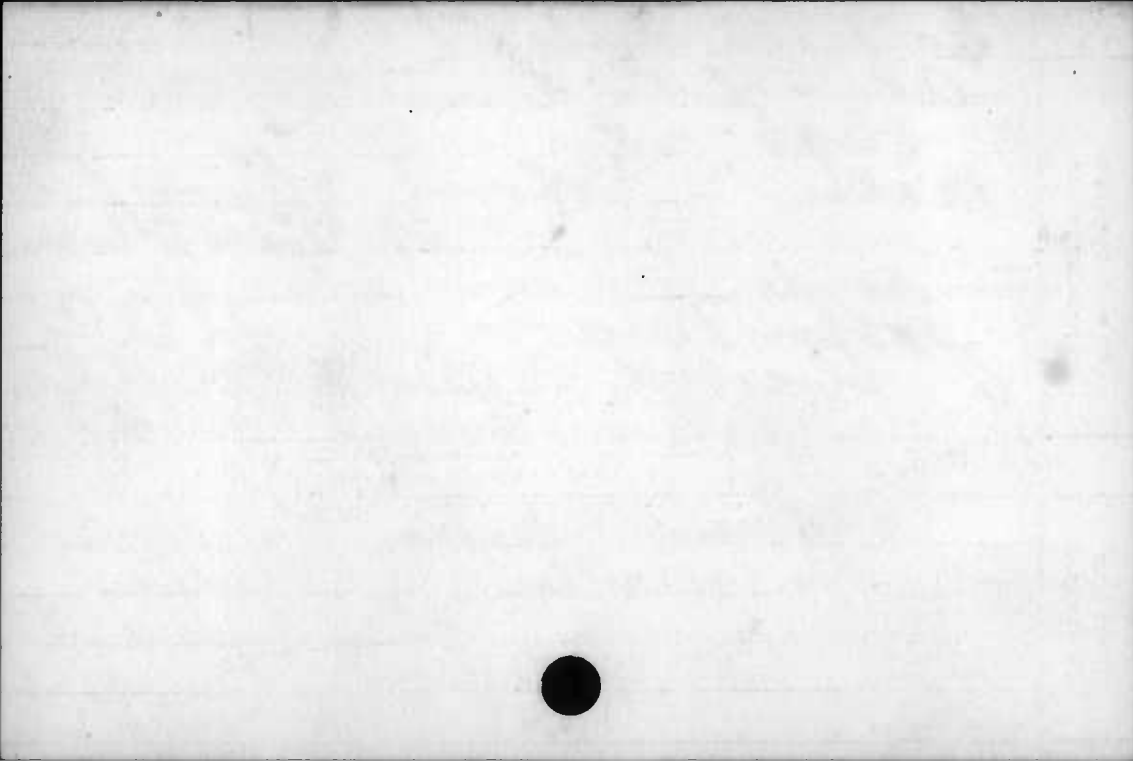
Name in Full <i>Mary White</i>		Town <i>Akron Ohio</i>		County <i>Prince Georges</i>		MARRY AND	
Died at		Date of death <i>1908 Sept 29</i>		Age <i>70</i>		Months <i>0</i> Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert Co, Md</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>14 Obyanally</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Isaac White</i>					
Father's Name <i>Harper Emms</i>		Father's Birthplace <i>Calvert Co^{MD}</i>					
Mother's Maiden Name <i>Jane Scott</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Sarah Jane Brown</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long <i>Months</i>
Immediate	<i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>
<i>Yes</i>		Address <i>Annapolis Md</i>
Accident or Suicide?		



Name
in
Full

Garfield Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

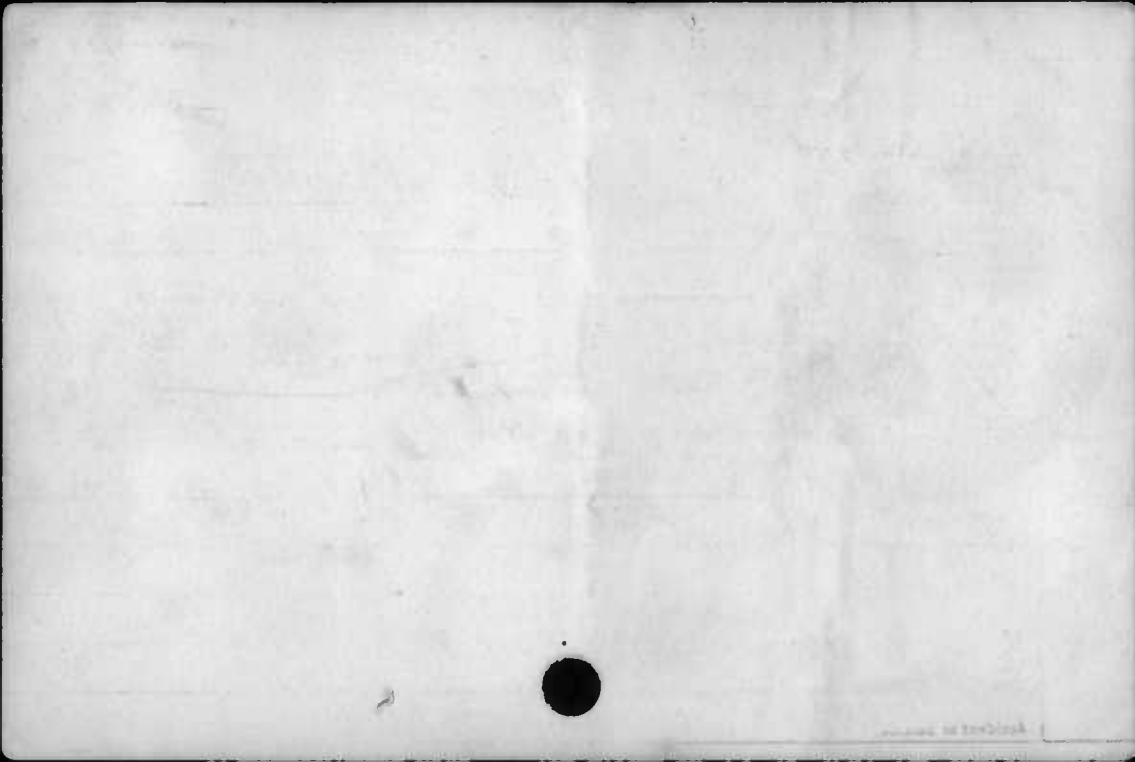
Died at <u>Annapolis</u> <u>Ann</u> <u>Arundel</u> <u>MARYLAND</u>		Town		County	
Date of death	1908	Sept	28	Age	10
Sex	Male	Color or Race	Colored	Birth-place	Annapolis
Occupation			Where Residing if not at place of death	32 Wells Place	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Wilson			Father's Birthplace	A.A.Co. Md
Mother's Name	Elizabeth Taylor			Mother's Birthplace	A.A.Co. Md
Name of person giving information	John Wilson			How related to deceased	father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	Six days
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	John Ridout, M.D.		
Address	Annapolis, Md		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full May Irene Wood		Town McKendree,		County Anne Arundel		MARYLAND	
Died at		Date of death		Age		Months	
		1908 Sept. 20		7		5	
Sex Female		Color or Race White		Birth-place Ind.			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Plummer Wood		Father's Birthplace Ind.					
Mother's Maiden Name Irene Marcus		Mother's Birthplace Ind.					
Name of person giving information Joseph E. Dove		How related to deceased Friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Croup.	How long	2 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. H. Terrie	
		Address McKendree, Ind.	
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>For near Maynard P.O. 2886</i>		Town <i>Apem</i>		County <i>Arundel</i>		MARYLAND	
Date of death <i>1908 Sep</i>		Month <i>4</i>		Day <i>4</i>		Years <i>54</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Savannah Georgia</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Amelia Bradley</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Fracture of Skull + Inoculation of Brain</i>	How long <i>about 2 weeks</i>
Immediate <i>Cause of death - Paralysis</i>	How long <i>about 6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William Dupont</i>
<i>Murder</i> Accident or Suicide? <i>No</i>	Address <i>acting as coroner</i>
	<i>P.O. Arundel & Co Inc</i>

